

111 W. Rio Grande St.
Taylor, TX 76574
Phone: (512) 365-2380
www.nsdguadalupe.org

Our Lady of Guadalupe

- What is an Active Parishioner?**
- One who is registered with the parish
 - Attends Mass, regularly
 - Tithes at least 5% of income
 - Uses a contribution envelope each Sunday
 - Volunteers in parish ministries

Member Registration Card

PLEASE PRINT

Family Last Name: _____ Membership Date: ____/____/____
 Head of Household #1: Male Female
 Mr. Mrs. Ms. Date of Birth: ____/____/____
 Title: First Name Middle Name Preferred Name Last Name Maiden Name
 Family Relation: Husband Wife Father Mother Single Adult
 Home Address: _____
 Mailing Address: _____
 (If Different from Physical Address) Street City State Zip Code
 Email Addresses: _____
 Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Work Phone: () _____ - _____
 Unlisted: Yes No Unlisted: Yes No Unlisted: Yes No
 Fax Phone: () _____ - _____ Language: _____/_____
 Unlisted: Yes No Primary Secondary
 Marital Status: Married, Catholic Church Married, Other Church Married, Civilly Partnered Common Law
 Single Separated Divorced Widowed Engaged Marriage Date: ____/____/____
 Religion: _____ Sacraments Received: Baptism First Communion Confirmation
 Occupation: _____ Employer: _____
 Business Address: _____
 Street City State Zip Code

Head of Household #2: Male Female Date of Birth: ____/____/____
 Mr. Mrs. Ms. Language: _____/_____
 Title: First Name Middle Name Preferred Name Last Name Maiden Name
 Family Relation: Husband Wife Son Daughter Single Adult Father Mother Grandfather
 Grandmother Grandson Granddaughter Uncle Aunt Nephew Niece Brother Sister Other
 Email Addresses: _____
 Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Fax Phone: () _____ - _____
 Unlisted: Yes No Unlisted: Yes No Unlisted: Yes No
 Marital Status: Married, Catholic Church Married, Other Church Married, Civilly Partnered Common Law
 Single Separated Divorced Widowed Engaged Marriage Date: ____/____/____
 Religion: _____ Sacraments Received: Baptism First Communion Confirmation
 Occupation: _____ Employer: _____
 Business Address: _____
 Street City State Zip Code

For office use only:
 Family I.D.: _____ Processed by: _____ Date: _____

Member #3: Male Female Adult Child Date of Birth: _____ / _____ / _____
MM DD YYYY

Mr. Mrs. Ms. Language: _____ / _____
Primary Secondary

Title: _____
First Name Middle Name Preferred Name Last Name Maiden Name

Family Relation: Husband Wife Son Daughter Single Adult Father Mother Grandfather
 Grandmother Grandson Granddaughter Uncle Aunt Nephew Niece Brother Sister Other

Email Addresses: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Fax Phone: () _____ - _____
Unlisted: Yes No Unlisted: Yes No Unlisted: Yes No

Marital Status: Married, Catholic Church Married, Other Church Married, Civilly Partnered Common Law
 Single Separated Divorced Widowed Engaged Marriage Date: _____ / _____ / _____
MM DD YYYY

Religion: _____ Sacraments Received: Baptism First Communion Confirmation

Occupation: _____ Employer: _____

Business Address: _____
Street City State Zip Code

Member #4: Male Female Adult Child Date of Birth: _____ / _____ / _____
MM DD YYYY

Mr. Mrs. Ms. Language: _____ / _____
Primary Secondary

Title: _____
First Name Middle Name Preferred Name Last Name Maiden Name

Family Relation: Husband Wife Son Daughter Single Adult Father Mother Grandfather
 Grandmother Grandson Granddaughter Uncle Aunt Nephew Niece Brother Sister Other

Email Addresses: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Fax Phone: () _____ - _____
Unlisted: Yes No Unlisted: Yes No Unlisted: Yes No

Marital Status: Married, Catholic Church Married, Other Church Married, Civilly Partnered Common Law
 Single Separated Divorced Widowed Engaged Marriage Date: _____ / _____ / _____
MM DD YYYY

Religion: _____ Sacraments Received: Baptism First Communion Confirmation

Occupation: _____ Employer: _____

Business Address: _____
Street City State Zip Code

Member #5: Male Female Adult Child Date of Birth: _____ / _____ / _____
MM DD YYYY

Mr. Mrs. Ms. Language: _____ / _____
Primary Secondary

Title: _____
First Name Middle Name Preferred Name Last Name Maiden Name

Family Relation: Husband Wife Son Daughter Single Adult Father Mother Grandfather
 Grandmother Grandson Granddaughter Uncle Aunt Nephew Niece Brother Sister Other

Email Addresses: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Fax Phone: () _____ - _____
Unlisted: Yes No Unlisted: Yes No Unlisted: Yes No

Marital Status: Married, Catholic Church Married, Other Church Married, Civilly Partnered Common Law
 Single Separated Divorced Widowed Engaged Marriage Date: _____ / _____ / _____
MM DD YYYY

Religion: _____ Sacraments Received: Baptism First Communion Confirmation

Occupation: _____ Employer: _____

Business Address: _____
Street City State Zip Code