

Regina Caeli Catholic Parish

8121 Breen Rd., Houston 77064 office@reginacaeliparish.org

Family Name: _____ Home Phone: _____

Marital Status: Married Single Widowed Separated Divorced

Cultural Origin: European Hispanic African Asian Other

Head of Household: _____ Email: _____

Business Phone: _____ Cell Phone: _____

Birth Date: _____ Religion: _____

Spouse: _____ Email: _____

Business Phone: _____ Cell Phone: _____

Birth Date: _____ Religion: _____

Physical Address: _____

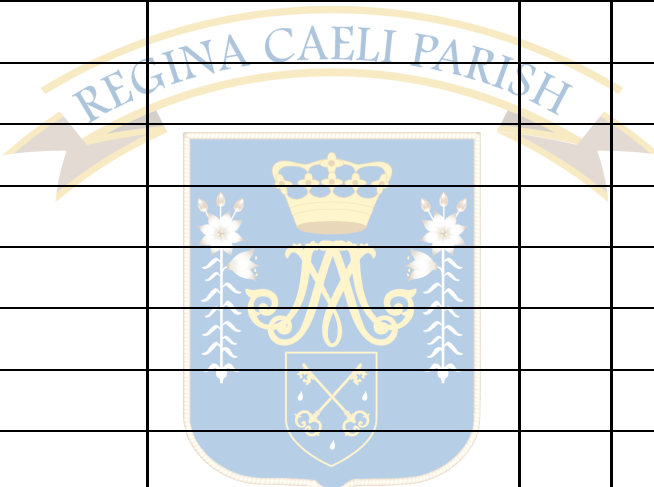
Mailing Address (if different): _____

City: _____ Zip Code: _____

- I wish to register as a member of the Parish and receive envelopes
- I wish to receive envelopes, but remain registered in my existing Parish

Other Family Members

Title (Mr., etc.)	First Name	Last Name	Sex (M/F)	Birth Date	Religion



REGINA CAELI PARISH
INSTRUCTIONS FOR REGISTRATION FORM

Please fill out all sections of the form.

In the center of the form, you are asked to select your preference to register as a member of Regina Caeli or retain membership in your existing parish. If you choose to register as a member of our parish, please notify your existing parish of the change.

This form may be scanned and emailed to office@reginacaeliparish.org, dropped in the collection basket on Sunday, or mailed to:

Regina Caeli Parish
8121 Breen Rd.
Houston, TX 77064

Thank you for registering with us!