

St. Leo the Great Catholic Church

PARISH REGISTRATION FORM 4401 South Flores Street San Antonio, TX 78214 Phone (210) 533-9108 Fax (210) 533-0643 stleoschurch@yahoo.com

Family Contact Information	Today's Date:							
We encourage parishioners age 21 or over to fill out their own	n person	al parish registration form.						
Family Name:			_	Phone:				
Street Address:			_	E-mail:				
City:		State:		Zip Code:				
Family Member Information								
Please list only family members who are living at the address listed above.					Indicate sac Cath	raments nolic Chu		
Family Member Name	Gender M/F	Birth Date (mm/dd/yyyy)	Marital Status (Married, Single,Divorced, Widowed)	Occu	pation	Baptism	Communion	Confirmation
Husband		(, 22, 7, 7, 7, 7)			P 4.00.1.			
Wife								
Child								
Child								
Child								
Child								
Child								
Child								
Which method do you prefer for weekly offertory?			Receive parish	envelopes	Electronic g	iving		