



610 West Ripa Avenue
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New Parishioner Profile Questionnaire

	Head of Household	Spouse
Title: (circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other__	Mr. Mrs. Miss. Ms. Dr. Rev. Other__
Name: First Middle (Maiden) Last		
Sex: (Circle one)	Male Female	Male Female
Preferred or Nickname		
Address:	_____	_____
City, State / Zip	_____	_____
Date of Birth:		
Wedding Date:		
Marital Status:		
Baptism date:	_____	_____
Confirmation date:	_____	_____
Home Phone:	() - Unlisted? <input type="checkbox"/>	() - Unlisted? <input type="checkbox"/>
Cell Phone:	() - <input type="checkbox"/>	() - <input type="checkbox"/>
Work Phone:	() - <input type="checkbox"/>	() - <input type="checkbox"/>
Email Address		
Occupation:		
Employer:		

Children: Please include children in this form only if they are still living in the same household.

Children's Names (first, middle, last)	Birthdate	Grade	Baptized	Confirmed
	Date: ___/___/___		Yes <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> Date: ___/___/___
	Date: ___/___/___		Yes <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> Date: ___/___/___
	Date: ___/___/___		Yes <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> Date: ___/___/___
	Date: ___/___/___		Yes <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> Date: ___/___/___
	Date: ___/___/___		Yes <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> Date: ___/___/___
	Date: ___/___/___		Yes <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> Date: ___/___/___
	Date: ___/___/___		Yes <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> Date: ___/___/___

Date of submission: _____