



Saint Martin of Tours Parishioner Profile Questionnaire

610 West Ripa Avenue
St. Louis, MO 63125
Phone: 314-544-5664
Fax: 314-631-3118
<http://smartinofours.com>

To be filled out by Registered Parishioners, or by those intending to Register (Please print)

Family Name: _____

Home Phone: _____

Include in Parish Directory?
Yes No

Address: _____

Cell Phone: _____

Include in Parish Directory?
Yes No

City, State, Zip: _____

Emergency Contact
Person and phone: _____

List all names of those living at above address Additional names can be added on reverse side	Title Mr., Mrs., Ms., Miss, Dr., Etc.	Gender M / F	Birth Date	Religion	Marital Status Married, Single, Widowed, Divorced	E-mail Address Include in Parish Directory? Yes <input type="checkbox"/> No <input type="checkbox"/>	Baptized Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmed Yes <input type="checkbox"/> No <input type="checkbox"/>	Married in the Catholic Church Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you wish to receive the St. Louis Review? Yes No

Which method do you prefer for the Weekly Offertory? Envelopes Online Giving (If Online Giving, then please register at <http://smartinofours.weshareonline.org>)

Do you have any particular spiritual or pastoral needs we should be aware of?

Do you have any particular talents you would like to share with us?