

# St. Francis Xavier (College Church)

## Membership Information

*(Note, we must have an email or phone number to process your registration)*

	Person Number One	Person Number Two
Title: (Circle One)	Mr. Mrs. Ms. Miss Dr. Sr.	Mr. Mrs. Ms. Miss Dr. Sr.
Name: (First, Middle, Last)	_____ _____	_____ _____
Gender: (Check One)	Female <input type="checkbox"/> Male <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Address:	_____	_____
Address 2:	_____	_____
City, State/Zip	_____/_____/_____	_____/_____/_____
Birthday:	____/____/_____	____/____/_____
Marital Status:		
Baptized:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Donation Envelopes:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone:	( ) _____ Unlisted <input type="checkbox"/>	( ) _____ Unlisted <input type="checkbox"/>
Cell Phone:	( ) _____ Unlisted <input type="checkbox"/>	( ) _____ Unlisted <input type="checkbox"/>
Work Phone:	( ) _____ Unlisted <input type="checkbox"/>	( ) _____ Unlisted <input type="checkbox"/>
Email:		
Occupation:		
Employer:		
Catholic:	Yes <input type="checkbox"/> Other _____	Yes <input type="checkbox"/> Other _____

### Children

Name: (First, Middle, Last)	Birth Day	Baptized
	Date: ____/____/_____	Yes <input type="checkbox"/> Date: _____
	Date: ____/____/_____	Yes <input type="checkbox"/> Date: _____
	Date: ____/____/_____	Yes <input type="checkbox"/> Date: _____
	Date: ____/____/_____	Yes <input type="checkbox"/> Date: _____

**Send, Fax, Email or Drop off completed form to:**

St. Francis Xavier (College Church), 3628 Lindell Blvd., St. Louis, MO 63108. Phone: 314-977-7300  
 Fax: 314-977-7315 Email: church@slu.edu