

St. Philip Neri Parish

NEW PARISHIONER SIGN-UP FORM



Please circle one: Miss Mr. Mrs. Mr. & Mrs. Dr. & Mrs. Mr. & Dr. Dr.

Please print clearly:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ E-mail: _____

How long have you lived in the St. Philip Neri Parish area? _____

Does your family require any of the following services?

- | | |
|--|--|
| <input type="checkbox"/> Communion for the homebound | <input type="checkbox"/> Sacramental Preparation |
| <input type="checkbox"/> Parish School of Religion | <input type="checkbox"/> Disability assistance |
| <input type="checkbox"/> Elementary Schooling | <input type="checkbox"/> Other _____ |

Are you interested in participation in the various activities and/or ministries of our parish? If so, which?
(Visit www.stphilipneriparish.org for a list of activities/ministries) _____

Please mail to:
St. Philip Neri Parish
6500 Kawanee Avenue
Metairie, Louisiana 70003-3229

For Official Use Only

ID# _____
Area# _____
Reg. Date: _____
Zip/4 Bar: _____ CR # _____

For Welcoming Committee Only

Date Contacted: _____
By: _____
Referred to: _____

Census Mailed: _____ Census Rec'd: _____
App. to be Registered mailed: _____ Rec'd: _____
Cathedral contacted: _____ By: _____
Welcome Letter Sent: _____ By: _____