

**Notre Dame Catholic Church
Registration Form**

Please Print

Date: _____

Name	
Family Member	Birth Date _____ <input type="checkbox"/> spouse <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other _____
Family Member	Birth Date _____ <input type="checkbox"/> spouse <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other _____
Family Member	Birth Date _____ <input type="checkbox"/> spouse <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other _____
Family Member	Birth Date _____ <input type="checkbox"/> spouse <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other _____
Family Member	Birth Date _____ <input type="checkbox"/> spouse <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other _____
Family Member	Birth Date _____ <input type="checkbox"/> spouse <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other _____
Physical Address	
Mailing Address	
Home Phone	
Other Phone (please specify type – cell, work etc.)	
Email	
Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other

Complete the form and drop off or mail to the Pastoral Center 909 Main St, Kerrville, TX 78028