



Diocese of Lafayette
 Our Lady of Prompt Succor
 2409 Coteau Road
 New Iberia, LA 70560
 337-369-6993

FAMILY LAST NAME _____
 STREET ADDRESS _____ P.O. BOX _____
 CITY _____ STATE _____ ZIP CODE _____
 HOME PHONE _____ UNLISTED CELL PHONE / PROVIDER _____
 EMERGENCY PHONE _____ E-MAIL _____
 NUMBER OF CHILDREN LIVING AT HOME _____ HOME PARISH: OUR LADY OF PROMPT SUCCOR OTHER _____

OFFICE USE ONLY
 FAMILY # _____
 ENVELOPE # _____

	HOUSEHOLD HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER	
First Name								
Last Name or Maiden Name								
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Church Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Cohabitation	<input type="checkbox"/> Church Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Cohabitation	<input type="checkbox"/> Church Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Cohabitation	<input type="checkbox"/> Church Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Cohabitation	<input type="checkbox"/> Church Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Cohabitation	<input type="checkbox"/> Church Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Cohabitation	<input type="checkbox"/> Church Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Cohabitation	<input type="checkbox"/> Church Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Cohabitation
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other
Occupation								
Employer Business Phone								
School Grade Level								
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American
Birth Date								
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church Marriage Date								
Present Ministries / Talents								
Present Organizations								
Would volunteer for								