

# St. Leonard Catholic Community Parish Enrollment Form

For Office Use Only  
Envelope #: \_\_\_\_\_  
Date: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Today's Date \_\_\_\_\_

FAMILY NAME \_\_\_\_\_  
(Last name only)

TITLE (check one) MR/MRS      MR      MRS      MS      MISS      DR/MRS      DR      \_\_\_\_\_  
Other - Specify

SUFFIX (circle if used)    JR      SR      II      III      IV      \_\_\_\_\_  
Other - Specify

STREET ADDRESS \_\_\_\_\_  
(Street, Rural Route, Drive, PO Box)  
\_\_\_\_\_  
(City)      (State)      (Zip)

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ UNLISTED? (Circle one)    NO      YES

SECOND RESIDENCE ADDRESS \_\_\_\_\_  
(Street, Rural Route, Drive, PO Box)  
\_\_\_\_\_  
(City)      (State)      (Zip)

DATES AT SECOND RESIDENCE ADDRESS From Month \_\_\_ Day \_\_\_ to Month \_\_\_ Day \_\_\_

SECOND RESIDENCE PHONE (\_\_\_\_\_) \_\_\_\_\_ UNLISTED?    NO      YES

E-MAIL ADDRESS \_\_\_\_\_

**Please Circle the Mass you usually attend: 4:30 PM      10:00 AM**

### COMPLETE ONE OF THE FOLLOWING BOXES FOR EACH ADULT (OVER 18 YEARS) IN THE HOUSEHOLD

#### ADULT #1

NAME \_\_\_\_\_  
Last      First and Initial      Nickname

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

BIRTH DATE \_\_\_ / \_\_\_ / \_\_\_      GENDER (Circle one)    MALE      FEMALE

MARITAL STATUS (circle one)    SINGLE    MARRIED IN CATHOLIC CHURCH      MARRIED IN ANOTHER CHURCH  
CIVIL MARRIAGE      WIDOWED      SEPARATED      DIVORCED

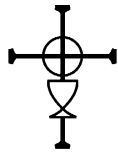
Marriage Date \_\_\_ / \_\_\_ / \_\_\_      PLACE \_\_\_\_\_

HANDICAPPED? (Circle one)    NO      YES \_\_\_\_\_      SHUT IN? (Circle one)    NO      YES  
(Type of Disability)

RELIGION \_\_\_\_\_

#### SACRAMENTAL INFORMATION

	BAPTISM	1ST COMMUNION	1ST PENANCE	CONFIRMATION
YES or NO	_____	_____	_____	_____
DATE	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____



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**ADULT #2**

NAME \_\_\_\_\_  
Last First and Initial Nickname

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER (Circle one) MALE FEMALE

MARITAL STATUS (circle one) SINGLE MARRIED IN CATHOLIC CHURCH MARRIED IN ANOTHER CHURCH  
CIVIL MARRIAGE WIDOWED SEPARATED DIVORCED

Marriage Date \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE \_\_\_\_\_

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? (Circle one) NO YES  
(Type of Disability)

RELIGION \_\_\_\_\_

**SACRAMENTAL INFORMATION**

	BAPTISM	1ST COMMUNION	1ST PENANCE	CONFIRMATION
YES or NO	_____	_____	_____	_____
DATE	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____

**ADULT #3**

NAME \_\_\_\_\_  
Last First and Initial Nickname

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER (Circle one) MALE FEMALE

MARITAL STATUS (circle one) SINGLE MARRIED IN CATHOLIC CHURCH MARRIED IN ANOTHER CHURCH  
CIVIL MARRIAGE WIDOWED SEPARATED DIVORCED

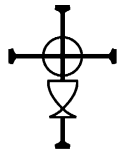
Marriage Date \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE \_\_\_\_\_

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? (Circle one) NO YES  
(Type of Disability)

RELIGION \_\_\_\_\_

**SACRAMENTAL INFORMATION**

	BAPTISM	1ST COMMUNION	1ST PENANCE	CONFIRMATION
YES or NO	_____	_____	_____	_____
DATE	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____



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**CHILD #1**

NAME \_\_\_\_\_  
Last First and Initial Nickname

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER (Circle one) MALE FEMALE

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? (Circle one) NO YES  
(Type of Disability)

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

RELIGION \_\_\_\_\_

**SACRAMENTAL INFORMATION**

	BAPTISM	1ST COMMUNION	1ST PENANCE	CONFIRMATION
YES or NO	_____	_____	_____	_____
DATE	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____

**CHILD #2**

NAME \_\_\_\_\_  
Last First and Initial Nickname

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER (Circle one) MALE FEMALE

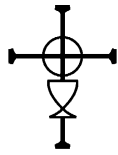
HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? (Circle one) NO YES  
(Type of Disability)

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

RELIGION \_\_\_\_\_

**SACRAMENTAL INFORMATION**

	BAPTISM	1ST COMMUNION	1ST PENANCE	CONFIRMATION
YES or NO	_____	_____	_____	_____
DATE	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____



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**CHILD #3**

NAME \_\_\_\_\_  
Last First and Initial Nickname

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER (Circle one) MALE FEMALE

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? (Circle one) NO YES  
(Type of Disability)

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

RELIGION \_\_\_\_\_

SACRAMENTAL INFORMATION

	BAPTISM	1ST COMMUNION	1ST PENANCE	CONFIRMATION
YES or NO	_____	_____	_____	_____
DATE	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____

**CHILD #4**

NAME \_\_\_\_\_  
Last First and Initial Nickname

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER (Circle one) MALE FEMALE

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? (Circle one) NO YES  
(Type of Disability)

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

RELIGION \_\_\_\_\_

SACRAMENTAL INFORMATION

	BAPTISM	1ST COMMUNION	1ST PENANCE	CONFIRMATION
YES or NO	_____	_____	_____	_____
DATE	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____

St. Leonard Catholic Community  
440 Zorn Avenue  
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(502) 897-2595