



**Dear New Parishioner,**

**Welcome to our parish family! We are very happy that you have chosen St. Genevieve as your place of worship. My name is Mary Anne Truxillo and I coordinate the Welcoming Committee. I am married to Mark and we have two daughters, Andrea and JoAnna. We have been parishioners for over twenty-five years. Our daughters attended St. Genevieve School and E. D. White High School. I am an Extraordinary Eucharistic Minister, school and church volunteer, member of the Catholic Daughters, past member of the Pastoral Council and past Chairman of the Home and School Association.**

**We, at St. Genevieve, know that it can be very overwhelming being new to a parish. We really want to make you feel welcome. Because you are a new parishioner, you will have many questions and needs. We are here to help you.**

**We have many activities and ministries to offer to the individual, as well as the whole family. Being part of a ministry is an opportunity to serve others as Jesus did. We are always in need of your time and talent, especially ideas and help. Newcomers state that being involved in a ministry is a wonderful way to meet and make new friends.**

**The church office is always willing to have volunteers help. There is always a need for typing, filing, stuffing envelopes, errands and handiwork. Please do not hesitate to call the office to offer your services.**

**Please take time to look over all the information in your "Welcome Packet". Please feel free to call me with any questions you may have and I will try to answer you or direct your call to the appropriate person.**

**Yours in Christ,**

**Mary Anne Truxillo  
985-446-8023**



## CHURCH MEMBERSHIP APPLICATION FORM

We/I/ are/am applying for membership in \_\_\_\_\_ Church Parish  
in \_\_\_\_\_, LA.

Our previous membership was with \_\_\_\_\_ Church Parish  
in \_\_\_\_\_, LA.

My present mailing address is: (name) \_\_\_\_\_  
(address) \_\_\_\_\_  
(City, Zipcode) \_\_\_\_\_  
(phone) \_\_\_\_\_

My previous mailing address is: (name) \_\_\_\_\_  
(address) \_\_\_\_\_  
(City, Zipcode) \_\_\_\_\_  
(phone) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FAMILY NAME \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

STREET ADDRESS (if different) \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

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

MALE'S OCCUPATION & WORK # \_\_\_\_\_

FEMALE OCCUPATION & WORK # \_\_\_\_\_

ETHNIC GROUP CAUCASIAN NATIVE AMERICAN HISPANIC AFRICAN-AMERICAN ASIAN

MASS ATTENDANCE WEEKLY MONTHLY SOMETIMES NEVER

NAMES (Include Maiden Name Where Applicable)	RELIGION	DATE OF BIRTH	BAPTIZED	FIRST COMMUNION	CONFIRMED	COUPLE MARRIED BY A CATHOLIC PRIEST		SINGLE	WIDOWED	DIVORCED
						YES	NO			
HEAD OF HOUSEHOLD (First Name)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (First Name) (Last Name that you go by if different from family name)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date _____				
CHILDREN LIVING AT HOME (Include Last Name If Different)	RELIGION	SEX	DATE OF BIRTH	BAPTIZED	FIRST COMMUNION	CONFIRMED	RELIGIOUS EDUCATION			
							CCD	Catholic School	Neither	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME (S) OF OTHER ADULTS	RELIGION	SEX	DATE OF BIRTH	BAPTIZED	FIRST COMMUNION	CONFIRMED	MARITAL STATUS			
							Single	Divorced	Widowed	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NEEDS OR OTHER NOTES \_\_\_\_\_

# ST. GENEVIEVE PARISH COMMITMENT CARD

Individual or  
Family name \_\_\_\_\_

*(please print plainly)*

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

*Embracing my duty to GOD and to*

**ST GENEVIEVE PARISH**

815 Barbier Avenue – Thibodaux, Louisiana 70301

My sacrificial stewardship gift will be

\$ \_\_\_\_\_ .00

Weekly

Monthly

*(Please check one)*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I/WE WOULD LIKE THIS SACRIFICIAL STEWARDSHIP GIFT HANDLED BY ELECTRONIC BANK DRAFT

*(please check box and see other side of this card)*

My envelope number is \_\_\_\_\_. Please check if you do not receive envelopes now



St. Genevieve Church believes in the stewardship of treasure, time & talent and prayer as a way of life as Jesus instructed. For this reason our parish works to communicate with parishioners on ministry events, supply materials and other aids to help accomplish this way of life. One such method being used presently is the Electronic Direct Payment to help parishioners in meeting their commitment of Stewardship of Treasure. This method of tithing has proven to be convenient for the following reasons.

- It saves time-fewer checks to write.
- Helps you meet your commitment in a convenient and timely manner—even if you are on vacation or out of town.
- It saves postage and there are no transaction fees.
- It's easy to sign up for, easy to cancel or change at anytime.
- Gives you an accurate record for your tax deductions.
- It's secure and confidential. Only our business manager handles your contributions.

PLEASE RETURN THIS FORM TO THE CHURCH OFFICE FOR PROCESSING.

..... cut on dotted line. ....

**AUTHORIZATION FOR ELECTRONIC DIRECT PAYMENT**

I authorize St. Genevieve Church and the financial institution named below to initiate entries to my checking/savings account in the amount of \$ \_\_\_\_\_ .00,  Monthly  Weekly. My envelope number is \_\_\_\_\_. This authority will remain in effect until I notify you in writing to cancel it is such time as to afford the financial institution a reasonable opportunity to act on it. I can also stop payment of any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
 (Name of Financial Institution) (Branch)

\_\_\_\_\_  
 (City) (State) (Zip)

\_\_\_\_\_  
 (Signature) (Date) email address \_\_\_\_\_

\_\_\_\_\_  
 (Name—Please print)

\_\_\_\_\_  
 (Address—Please print)

Account No. \_\_\_\_\_ (Please check one) Checking  Savings

Financial Institution Routing Number \_\_\_\_\_

*(between these symbols : : on the bottom left of your check)*

You must also attach a voided check from your checking account or a deposit slip from your savings account. If you have any questions, call the church office at 446-5571.

We recommend you have a copy made of this agreement for your records.



Dear Parishioner,

Due to the increase in the cost of postage and the cost of printing supplies for the bulletin, we offer three options to you for receiving your bulletins. Please fill out the form below and circle the method you would like to use. Either mail it back to the office or drop it in the collection basket. We thank you for considering one of these options.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I would like to receive my bulleting by mail.

I will pick up my bulleting in church.

I will receive my bulletin by going to the St. Genevieve website@  
[www.stgenevievechurch.com](http://www.stgenevievechurch.com).