

# HOLY FAMILY CATHOLIC CHURCH

## PARISH REGISTRATION

(PLEASE PRINT LEGIBLY)

For Office Use Only			
Registration #			
Date Entered:			
Processed:	CN	OSV	WL

### FAMILY INFORMATION:

Form revised 9/28/2017

<b>Family Last Name:</b>
(Note: this is the last name we will use to find your family records in our system)
Address:
City/State/Zip:
Best Family Phone #:
Family Email:

I wish to receive contribution envelopes

I plan to use Online Giving; send no envelopes

### MEMBER INFORMATION:

<b>Head of Household:</b>	Male	Female	Prefix (Mr./Dr./etc.):					
First, Middle, Last:								
Cell phone:								
Email:								
Date of Birth: ____/____/____	Catholic?	Yes	No	If yes, please note Sacraments Received:				
Baptism?	Yes	No	1 <sup>st</sup> Communion?	Yes	No	Confirmation?	Yes	No
Church of Baptism (name):								
Church of Baptism City/State/Zip:								

<b>Spouse:</b>	Male	Female	Prefix (Mrs./Ms./Miss/Dr./etc.):					
First, Middle, Last:								
Cell phone:								
Email:								
Date of Birth: ____/____/____	Catholic?	Yes	No	If yes, please note Sacraments Received:				
Baptism?	Yes	No	1 <sup>st</sup> Communion?	Yes	No	Confirmation?	Yes	No
Church of Baptism (name):								
Church of Baptism City/State/Zip:								

Are you married?	Yes	No	*OR*	Separated?	Divorced?	Widowed?	Single?
Date married: ____/____/____	Were you married in the Catholic Church?			Yes	No		

PLEASE COMPLETE THE REVERSE SIDE OF THE FORM ALSO (if applicable)

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**MEMBER INFORMATION, continued:**

**Please note: Other ADULT family members (age 21 or older) living in your household, including children, should register separately. Please use additional forms for additional family members.**

<b>Child</b> (under age 21):      Male      Female									
First, Middle, Last:									
Date of Birth: ____/____/____			Catholic?		Yes	No	If yes, please note Sacraments Received:		
Baptism?	Yes	No	1 <sup>st</sup> Communion?	Yes	No	Confirmation?	Yes	No	
Church of Baptism (name):									
Church of Baptism City/State/Zip:									

<b>Child</b> (under age 21):      Male      Female									
First, Middle, Last:									
Date of Birth: ____/____/____			Catholic?		Yes	No	If yes, please note Sacraments Received:		
Baptism?	Yes	No	1 <sup>st</sup> Communion?	Yes	No	Confirmation?	Yes	No	
Church of Baptism (name):									
Church of Baptism City/State/Zip:									

<b>Child</b> (under age 21):      Male      Female									
First, Middle, Last:									
Date of Birth: ____/____/____			Catholic?		Yes	No	If yes, please note Sacraments Received:		
Baptism?	Yes	No	1 <sup>st</sup> Communion?	Yes	No	Confirmation?	Yes	No	
Church of Baptism (name):									
Church of Baptism City/State/Zip:									

Other Information parish staff may need to know or research for you (i.e. services needed, volunteer opportunities of interest, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_