



Parish Registration Form

Sacred Heart Catholic Church
3905 Hickox Road
Rowlett, TX 75089
Phone: 972-475-4405
Fax: 972-475-6658

Mailing Address:
P. O. Box 1650
Rowlett, TX 75030

For Office Use Only	
Date Received:	_____
Envelope Number:	_____
Follow-up:	_____

Family Last Name: _____

Please **PRINT**
all Information
clearly

Address _____ (Apt. No.) _____

City _____ State _____ Zip Code _____ Home Phone Number (____) _____

Mailing address if different from above _____

E-mail Address _____

Emergency Contact _____ Phone Number (____) _____

Adult Male

Last Name _____ First Name _____ Middle Name _____ Birthdate ____/____/____

Sacraments Received & Date	
Baptism	_____
Communion	_____
Confirmation	_____
Marriage:	
Date of Marriage	_____
Name & Place of Church Married:	_____
_____	_____

Martial Status: Married according to the Law of the Church Married Single Separated Widowed Divorced Living Together

Ethnicity: Caucasian Hispanic African American Polynesian Native American Asian Other

Religion _____ Primary Language _____ Secondary Language _____

Employer _____ Occupation _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

Adult Female

Last Name _____

First Name _____

Middle Name _____

Birthdate ____/____/____

Sacraments Received & Date

Baptism _____

Communion _____

Confirmation _____

Marriage:

Date of Marriage _____

Name & Place of Church Married: _____

Marital Status: Married according to the Law of the Church Married Single Separated Widowed Divorced Living Together

Ethnicity: Caucasian Hispanic African American Polynesian Native American Asian Other

Religion _____

Primary Language _____

Secondary Language _____

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Employer _____

Occupation _____

Work Phone Number _____

Cell Phone Number _____

Family Information: Please list only those children under the age of eighteen (18). Any adults eighteen (18) & above must register separately.

Children (under 18 years old) Last Name, First Name	Male or Female	Relationship	Birth date Month, Day, Year	Primary/Secondary Language	Baptism Date Church (City & State)	First Communion Date Church (City & State)	Confirmation Date Church (City & State)	Grade

We invite you to consider participating in one or more of our ministries and service organizations.

ADMINISTRATION	ADULT EDUCATION & ENRICHMENT	PASTORAL CARE & SOCIAL JUSTICE	WORSHIP & LITURGY	YOUTH EDUCATION & FORMATION
<input type="checkbox"/> Gift Shop <input type="checkbox"/> Building & Grounds <input type="checkbox"/> Data Entry <input type="checkbox"/> General Office Support <input type="checkbox"/> Offertory Counters <input type="checkbox"/> Bulletin Stuffers	<input type="checkbox"/> Adult Education Programs <input type="checkbox"/> RCIA Sponsor <input type="checkbox"/> Small Faith Sharing Group	<input type="checkbox"/> Bereavement Ministry <input type="checkbox"/> Eucharistic Minister (Hospitals & Homes) <input type="checkbox"/> Senior Luncheon	<input type="checkbox"/> Altar Servers <input type="checkbox"/> Eucharistic Minister (Liturgies) <input type="checkbox"/> Hospitality Ministers (Ushers) <input type="checkbox"/> Lector Ministry <input type="checkbox"/> Music / Choirs	<input type="checkbox"/> Grades K - 5 Teacher <input type="checkbox"/> Grades 6 - 8 Teacher <input type="checkbox"/> Youth Ministry Aides