



# Most Holy Redeemer Church Hadley, MA

P.O. Box 375  
Hadley, MA 01035

413-584-1326  
[mhrchurch@yahoo.com](mailto:mhrchurch@yahoo.com)

**ALL INFORMATION ON THIS FORM IS HELD IN STRICT CONFIDENCE**

**Date Of Registration** (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Head of Household

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Voice  Text Email: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_

Sacraments Received:  Baptism  Holy Communion  Confirmation

If not Roman Catholic, denomination: \_\_\_\_\_

**( PLEASE ADD ADDITIONAL HOUSEHOLD MEMBERS ON THE BACK OF THIS FORM )**

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Voice  Text Email: \_\_\_\_\_

### **(I am/We are) interested in taking part in the following groups and activities**

*[Your contact information may be shared with the contact person(s) for these activities]*

<input type="checkbox"/> Choir	<input type="checkbox"/> Lector (reader)	<input type="checkbox"/> Eucharistic Minister
<input type="checkbox"/> Altar Server	<input type="checkbox"/> Faith Formation	<input type="checkbox"/> Young Adult Ministry
<input type="checkbox"/> Bible Study	<input type="checkbox"/> Parish Council Commissions	<input type="checkbox"/> Food Pantry
<input type="checkbox"/> Weekend Meals Ministry	<input type="checkbox"/> Building and Grounds Committee	<input type="checkbox"/> Prayer Shawl Ministry
<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> Rite of Christian Initiation of Adults (RCIA)	

**Weekly offering envelopes are mailed every two months.**

**Member Of Household** (*spouse or other member*)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  Voice  Text Email: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_

Sacraments Received:  Baptism  Holy Communion  Confirmation

If not Roman Catholic, denomination: \_\_\_\_\_

**Marriage** (*if applicable*)

Name of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By Roman Catholic Priest:  Yes  No, Other: \_\_\_\_\_

To enroll children in Faith Formation classes (K - 11),  
please include a copy of the baptism certificate for each child being enrolled.

**Member of Household**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  Voice  Text Email: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_

Sacraments Received:  Baptism  Holy Communion  Confirmation

If not Roman Catholic, denomination: \_\_\_\_\_

**Member of Household**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  Voice  Text Email: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_

Sacraments Received:  Baptism  Holy Communion  Confirmation

If not Roman Catholic, denomination: \_\_\_\_\_

**Member of Household**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  Voice  Text Email: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_

Sacraments Received:  Baptism  Holy Communion  Confirmation

If not Roman Catholic, denomination: \_\_\_\_\_

**( PLEASE USE ADDITIONAL FORMS FOR LARGE HOUSEHOLDS )**