



Most Holy Redeemer Church Hadley, MA

120 Russell Street
Hadley, MA 01035
413-584-1326

mhrhadleychurch@gmail.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)