



# The Shrine and Parish Church of the Holy Innocents

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Office Use ONLY

Env #: \_\_\_\_\_

Date: \_\_\_\_\_

## REGISTRATION FORM – WELCOME!

### HOUSEHOLD INFO

Household Name: \_\_\_\_\_ (ex: John and Mary Smith)

Address: \_\_\_\_\_  
City State Zip Code

Household Telephone Number: \_\_\_\_\_

### HEAD OF HOUSEHOLD

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Gender: M / F Marital Status: S / M – **Circle one:** Church / Civil Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Raised Catholic: Yes / No if Not, Previous Faith: \_\_\_\_\_

Please check the Sacraments you have received: \_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

### SPOUSE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

Gender: M / F Marital Status: S / M – **Circle one:** Church / Civil Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Raised Catholic: Yes / No if Not, Previous Faith: \_\_\_\_\_

Please check the Sacraments you have received: \_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

NAME OF CHILD	SEX	BIRTH DATE	BAPTIZED	FIRST COMMUNION	CONFIRMATION