

HOLY CROSS & ST. PATRICK'S FAMILY

9719, Po.Box. 246, State Rte, 97 *Callicoon, NY 12723-0246

www.holycrosscallicoon.org *(845) 887-5450 * email: holycrosscallicoonny@gmail.com

PARISHIONER REGISTRATION FORM - 2017 (TO BE FILLED IN CAPS LOCK)

Date _____

Name (for parish mailings) _____ Married: yes no

Address _____

building / street

apt

city/ST/zip

Home phone _____

cell phone _____

E-mail _____

Female _____

Last name

first name

MI

Religion _____ Baptism Communion Confirmation

Male _____

Last name

first name

MI

Religion _____ Baptism Communion Confirmation

Children:

Name	dates: birth	Baptism	Communion	Confirmation	School
------	--------------	---------	-----------	--------------	--------

Name	dates: birth	Baptism	Communion	Confirmation	School
------	--------------	---------	-----------	--------------	--------

Name	dates: birth	Baptism	Communion	Confirmation	School
------	--------------	---------	-----------	--------------	--------

Name	dates: birth	Baptism	Communion	Confirmation	School
------	--------------	---------	-----------	--------------	--------

Note:

Signature

(This can be mailed to the Holy Cross Church or can be handed over to Fr. Joe MMI) Thanks.