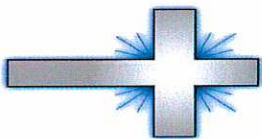


TRIUMPH OF THE HOLY CROSS CHURCH — REGISTRATION FORM



LAST NAME OF FAMILY _____ DATE REGISTERED _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY

HOME PHONE _____ CELL PHONE _____ EMAIL _____

MR. / MRS. / MS. _____	(First Name)	(Middle)	(Last Name)
Date of Birth _____ Religion _____			
(Answer Yes or No to the following ?'s)			
Baptized? _____	1st Communion? _____	Confirmation? _____	
Regular Mass Attendance? _____	Occupation _____		

MR. / MRS. / MS. _____	(First Name)	(Middle)	(Last Name)
Date of Birth _____ Religion _____			
(Answer Yes or No to the following ?'s)			
Baptized? _____	1st Communion? _____	Confirmation? _____	
Regular Mass Attendance? _____	Occupation _____		

MARRITAL STATUS:	
_____ Single	_____ Married
_____ Divorced	_____ Widow(er)
MARRIAGE INFORMATION:	
Wife's Maiden Name _____	
Date of Marriage _____	
Church's Name _____	
City, State & Zip _____	
Priest's Name _____	
If Not Married by a Priest...by Who and Location?	

CHILD'S NAME _____ (First Name) _____ (Middle) _____ (Last Name)

Date of Birth _____ Gender: Male or Female

Religion _____

School/College _____ Grade _____

(Answer Yes or No to the following ?'s)

Baptized? _____ 1st Communion? _____ Confirmation? _____

CHILD'S NAME _____ (First Name) _____ (Middle) _____ (Last Name)

Date of Birth _____ Gender: Male or Female

Religion _____

School/College _____ Grade _____

(Answer Yes or No to the following ?'s)

Baptized? _____ 1st Communion? _____ Confirmation? _____

CHILD'S NAME _____ (First Name) _____ (Middle) _____ (Last Name)

Date of Birth _____ Gender: Male or Female

Religion _____

School/College _____ Grade _____

(Answer Yes or No to the following ?'s)

Baptized? _____ 1st Communion? _____ Confirmation? _____

CHILD'S NAME _____ (First Name) _____ (Middle) _____ (Last Name)

Date of Birth _____ Gender: Male or Female

Religion _____

School/College _____ Grade _____

(Answer Yes or No to the following ?'s)

Baptized? _____ 1st Communion? _____ Confirmation? _____

RELATIVES LIVING WITH FAMILY. RELATIONSHIP? _____ SICK OR AGED? _____ DO THEY WISH SACRAMENTS BROUGHT TO THEM? _____

Name _____ Birthdate _____

Occupation? _____ Religion _____

(Answer Yes or No to the following ?'s)

Baptized? _____ 1st Communion? _____ Confirmation? _____