

HOLY FAMILY PARISH

New Parishioner Registration

OFFICE USE ONLY

Registration Date / /

Envelope Number

Family Last Name	Primary Phone	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City & State
Primary Email		Zip
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed		

Head of Household Name <i>First Middle Last</i>		Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
Informal name	Maiden Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Cell Phone	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthdate / /	
Work Phone	Religion		
Personal Email			
Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Non-Catholic Marriage Marriage Date: / /			

Spouse Name <i>First Middle Last</i>		Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
Informal name	Maiden Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Cell Phone	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthdate / /	
Work Phone	Religion		
Personal Email			
Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Non-Catholic Marriage Marriage Date: / /			

Child's Name <i>First Middle Last</i>		
Informal name	Gender ___ Male ___ Female	Special Needs
Birthdate / /	Religion	
Sacraments Received ___ Baptism ___ 1 st Communion ___ 1 st Reconciliation ___ Confirmation		

Child's Name <i>First Middle Last</i>		
Informal name	Gender ___ Male ___ Female	Special Needs
Birthdate / /	Religion	
Sacraments Received ___ Baptism ___ 1 st Communion ___ 1 st Reconciliation ___ Confirmation		

Child's Name <i>First Middle Last</i>		
Informal name	Gender ___ Male ___ Female	Special Needs
Birthdate / /	Religion	
Sacraments Received ___ Baptism ___ 1 st Communion ___ 1 st Reconciliation ___ Confirmation		

Other Adult in Residence Name <i>First Middle Last</i>		Need Separate Envelopes? ___ Yes ___ No
Informal name	Gender ___ Male ___ Female	
Relationship to Family	Birthdate / /	
Phone	Unlisted? ___ Yes ___ No	Religion
Personal Email		
Sacraments Received ___ Baptism ___ 1 st Communion ___ 1 st Reconciliation ___ Confirmation ___ Catholic Marriage ___ Non-Catholic Marriage Marriage Date: / /		

All information will remain confidential.