



St. Ignatius, Hickory
Parish Registration Form
 ~ Please Complete Both Sides of the Form ~

Return to: Helen Leek at helen.leek@stignatiushickory.org

533 E. Jarrettsville Road
 Forest Hill, Maryland 21050

Date _____ Family Name _____ Previously registered at St. Ignatius, Hickory? Yes ___ No ___

Address _____ City _____ State ___ Zip _____ Previous Parish _____

Home Telephone _____ Primary Cell Phone _____ Primary Email _____

Head of Household #1 – PLEASE COMPLETE SACRAMENT INFORMATION FOR ALL FAMILY MEMBERS ON THE REVERSE SIDE

Name - First, Middle, Last	Religion	Age	Date of Birth	Maiden Name (if applicable)	Cell Phone	Email Address
Mr. ___ Mrs. ___ Miss ___ Ms. ___ Other ___ Occupation: _____						

Head of Household #2 – PLEASE COMPLETE SACRAMENT INFORMATION FOR ALL FAMILY MEMBERS ON THE REVERSE SIDE

Name - First, Middle, Last	Religion	Age	Date of Birth	Maiden Name (if applicable)	Cell Phone	Email Address
Mr. ___ Mrs. ___ Miss ___ Ms. ___ Other ___ Occupation: _____						

Children – PLEASE COMPLETE SACRAMENT INFORMATION FOR ALL FAMILY MEMBERS ON THE REVERSE SIDE

Child's Name – First, Middle, Last	Religion	Age	Date of Birth	Gender	Grade	School Attending

Parish Ministries/Activities - Please indicate your interests by placing a check mark in front of the ministries/activities in which you are interested

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Christmas Bazaar Committee | <input type="checkbox"/> Holy Name Society | <input type="checkbox"/> R.C.I.A. Team |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Craft Group | <input type="checkbox"/> Hospitality Committee | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Cantor | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Care Night Food Ministries | <input type="checkbox"/> Faith Formation Aide | <input type="checkbox"/> Ladies of St. Ignatius | Would you like to receive envelopes? Yes ___ No ___ |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Faith Formation Other | <input type="checkbox"/> Lector | Would you like to use electronic transfer for giving? Yes ___ No ___ |
| <input type="checkbox"/> Choir, Children's | <input type="checkbox"/> Faith Formation Substitute | <input type="checkbox"/> Legion of Mary | Would you like to receive The Catholic Review? Yes ___ No ___ |
| <input type="checkbox"/> Choir, Contemporary | <input type="checkbox"/> Faith Formation Teacher | <input type="checkbox"/> Men's Catholic Faith Study | Please review and complete Page 2 of this form ➔ |

Please complete the following information for each family member (parish location and approximate dates are greatly appreciated)

	Baptism	First Eucharist	Confirmation	Marriage
Head of Household #1 Name:	Date:	Date:	Date:	Date:
	Parish:	Parish:	Parish:	Parish:
	City/State:	City/State:	City/State:	City/State:
Head of Household #2 Name:	Date:	Date:	Date:	Date:
	Parish:	Parish:	Parish:	Parish:
	City/State:	City/State:	City/State:	City/State:
Child #1 Name:	Date:	Date:	Date:	Date:
	Parish:	Parish:	Parish:	Parish:
	City/State:	City/State:	City/State:	City/State:
Child #2 Name:	Date:	Date:	Date:	Date:
	Parish:	Parish:	Parish:	Parish:
	City/State:	City/State:	City/State:	City/State:
Child #3 Name:	Date:	Date:	Date:	Date:
	Parish:	Parish:	Parish:	Parish:
	City/State:	City/State:	City/State:	City/State:
Child #4 Name:	Date:	Date:	Date:	Date:
	Parish:	Parish:	Parish:	Parish:
	City/State:	City/State:	City/State:	City/State:
Child #5 Name:	Date:	Date:	Date:	Date:
	Parish:	Parish:	Parish:	Parish:
	City/State:	City/State:	City/State:	City/State: