

Welcome to Sacred Heart Church!
 We thank you for your decision to join our Parish community! In order that we may include you & your family in various parish activities and to ensure accurate parish records, we ask you to complete this registration form. Upon completion, please return it to the parish office.



REGISTRATION

For office use:
 ID # _____

All information is important to us. If something does not apply put N/A

FAMILY LAST NAME _____ (please circle) Mr. & Mrs./ Mr. / Mrs. /Ms. / Miss/ Dr.
 Address _____
 City _____ State _____ Zip _____
 Primary Telephone: _____
 Email # _____

ADULT #1:	First Name	Middle Initial	Maiden Name	Last Name
_____	_____	_____	_____	_____

Birth Date: ____/____/____ Male/Female

Marital Status: ___Single ___Married ___Widowed ___Divorced ___Separated

Religion: _____ Ethnic Group _____ Cell # _____

Occupation: _____ Email: _____

SACRAMENTS RECEIVED: ___Baptism ___Penance ___Communion ___Confirmation ___Marriage

Date of Marriage: ____/____/____ Person Officiating _____

Church/Civil Location _____ City, State: _____

SPOUSE:	First Name	Middle Initial	Maiden Name	Last Name
_____	_____	_____	_____	_____

Birth Date: ____/____/____ Male/Female

Marital Status: ___Single ___Married ___Widowed ___Divorced ___Separated

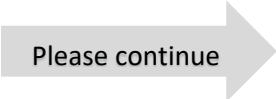
Religion: _____ Ethnic Group _____ Cell # _____

Occupation: _____ Email: _____

SACRAMENTS RECEIVED: ___Baptism ___Penance ___Communion ___Confirmation ___Marriage

Date of Marriage: ____/____/____ Person Officiating _____

Church/Civil Location _____ City, State: _____



CHILDREN Living in Household:

Sacraments Received: Please Mark **Y** or **N**

First Name / Last name if different	Birth Date	M/F	Ethnicity	Religion	Baptism	Penance	Communion	Confirmation	Name of School	Grade
1.										
2.										
3.										
4.										
5.										

Young Adult Children Living in Household: (over age 18)

this includes those away at college

Sacraments Received: Please Mark **Y** or **N**

First Name / Last name if different	Birth Date	M/F	Ethnicity	Religion	Baptism	Penance	Communion	Confirmation	College	Occupation
1.										
2.										
3.										
4.										
5.										

Other Adults Living in Household:

(Please do NOT include those registered separately)

Sacraments Received: Please Mark **Y** or **N**

NAME First/Middle I./LAST	Birth Date	M/F	Ethnicity	Religion	Baptism	Penance	Communion	Confirmation	Marital Status	Occupation
1.										
2.										
3.										

Does anyone have a Disability? Please list Name & Disability: _____

Is anyone unable to attend Mass & wish to receive Communion Calls? _____

Please return REGISTRATION FORM to the Parish Center

All registered households will receive periodic mailings, including offertory envelopes.
If you prefer, you may sign up for **ELECTRONIC GIVING** at ParishGiving.org