

**Parish Registration Form**

At Holy Family, our mission is “Building Community, Making Disciples.” This means that every word and every deed of every ministry is meant to accompany you in your spiritual and material needs – no matter your age or stage of life. Whether you are a life-long Catholic, returning to the Church, or just seeking a community, know that we are committed to meeting you where you are and journeying in faith together.

Today’s Date:

**Contact Information**

Family Last Name:

Address: City: Zip:

* Would you like to receive Sunday envelopes or do online giving? Envelopes / Online

Primary Email Address:

* Would you like to receive parish communication through FlockNote? Yes / No

Primary Phone Number:

**Registrant’s Information**

Title: Mr. / Mrs. / Ms. / Miss / Dr. Are you a new or current parishioner? New / Current

Last Name: First Name:

Middle Name: Maiden Name:

Date of Birth: Occupation:

Cell Phone Number: Email Address:

Denomination: Roman Catholic or Other –

* + Sacraments Received (Y/N) – Baptism: 1st Communion: Confirmation:

Marital Status (add an ‘x’): [ ] Single [ ] Married [ ] Widowed [ ] Divorced

* + If married, was your marriage witnessed by a Catholic Priest or Deacon (Y/N)?
  + Date of Marriage:

Do you have a current Protecting God’s Children (Y/N)?

* + Parish/Diocese:

Did you, your spouse, and/or your child(ren) attend Holy Family School (Y/N)?

* + If yes, what year did you, your spouse, and/or your child(ren) graduate?

How did you hear about Holy Family? Family or Friend / New to the Area / Other:

Can we publish your contact information in a printed directory (Y/N)? \_\_\_\_\_

* If yes, can we publish: [ ] Phone [ ] Address [ ] Both

**Spouse’s Information**

Title: Mr. / Mrs. / Ms. / Miss / Dr.

Last Name (if different): First Name:

Middle Name: Maiden Name:

Date of Birth: Occupation:

Cell Phone Number: Email Address:

Denomination: Roman Catholic or Other –

* + Sacraments Received (Y/N) – Baptism: 1st Communion: Confirmation:

**Children’s Information:** Please only list the children currently living at home, away at college, or in military service. If needed, please add additional children and their information after child 4.

Emergency Contact Name for Child(ren) Other than Parents:

* + Relationship:
  + Phone:

**Children’s Information cont.**

Child 1

Last Name: First Name: Middle Name:

Gender: F / M Date of Birth:

Sacraments Received (Y/N) – Baptism: 1st Communion: Confirmation:

Grade: School:

Child 2

Last Name: First Name: Middle Name:

Gender: F / M Date of Birth:

Sacraments Received (Y/N) – Baptism: 1st Communion: Confirmation:

Grade: School:

Child 3

Last Name: First Name: Middle Name:

Gender: F / M Date of Birth:

Sacraments Received (Y/N) – Baptism: 1st Communion: Confirmation:

Grade: School:

Child 4

Last Name: First Name: Middle Name:

Gender: F / M Date of Birth:

Sacraments Received (Y/N) – Baptism: 1st Communion: Confirmation:

Grade: School: