



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: 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: _____

Would you like a tour of the parish office and/or church (Y/N)? _____

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: _____