

Holy Family Parish Registration Form

(Confidential - For parish use only)

Date Prepared: _____

FAMILY NAME _____

ADDRESS _____

CITY & ZIP CODE _____

PHONE NUMBER _____

NAME OF COMMUNITY _____

CELL NUMBER _____

ENVELOPES _____

FAITH DIRECT _____

EMAIL ADDRESS _____

Head of Household	Mr. Mrs. Ms	M/F	Date of Birth	Work Phone	Religion
Spouse	Mr. Mrs. Ms				
Children Living at Home	M/F	Date of Birth	Religion	Grade completed	School

OTHER PERSONS LIVING IN HOME AND RELATIONSHIP: _____

Does your family want to be contacted by the parish priest? _____

Do you need assistance in getting married in the church? _____

Would you like to be contacted about religious education? _____

Any Family Member a shut-in? _____

Any family member wishing to become Catholic? _____

