

# HOLY FAMILY PARISH REGISTRATION FORM



Envelope # \_\_\_\_\_ (Assigned by Holy Family Parish) **Date registered:** \_\_\_\_\_

I/we would like to receive offertory envelopes in the mail: *(please check one)* Yes  No

**For envelopes**

Family Name: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

MAN/HUSBAND	
PLEASE FILL OUT COMPLETELY	
First _____	Middle _____
Last Name _____	
Religion _____	
Cell Phone _____	
Date of Birth _____	Birth Place _____
Please check sacraments received: *	
Bap. <input type="checkbox"/> Comm. <input type="checkbox"/> Rec. <input type="checkbox"/> Conf. <input type="checkbox"/>	

WOMAN/WIFE	
PLEASE FILL OUT COMPLETELY	
First _____	Middle _____
Last Name _____	
Religion _____	
Cell Phone _____	
Date of Birth _____	Birth Place _____
Please check sacraments received: *	
Bap. <input type="checkbox"/> Comm. <input type="checkbox"/> Rec. <input type="checkbox"/> Conf. <input type="checkbox"/>	

If Married: \_\_\_\_\_  
 Month/Day/Year \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_  
 Single  Divorced  Separated  Widow  Widower

Children still living at home PLEASE FILL OUT COMPLETELY, you can use the back of this form for any additional information				
First & Middle Name (Last Name if different)	Gender	Birth Date MM/DD/YY	Grade	Please check sacraments received *
				Bap. <input type="checkbox"/> Comm. <input type="checkbox"/> Rec. <input type="checkbox"/> Conf. <input type="checkbox"/>
				Bap. <input type="checkbox"/> Comm. <input type="checkbox"/> Rec. <input type="checkbox"/> Conf. <input type="checkbox"/>
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				Bap. <input type="checkbox"/> Comm. <input type="checkbox"/> Rec. <input type="checkbox"/> Conf. <input type="checkbox"/>

\* Bap. = Baptism Comm. = 1st Communion Rec. = Reconciliation Conf. = Confirmation  
**THIS INFORMATION IS CONFIDENTIAL & FOR PARISH RECORDS ONLY**

Additional Information: \_\_\_\_\_

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