

# Holy Name of Jesus - Parish Registration

Today's Date: \_\_\_\_\_

**Mailing Title:** Mr. & Mrs. / Mr. / Mrs. / Ms.      **Marital Status:** Married / Single / Engaged / Divorced / Separated / Widowed

Family (Last) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former Parish Name: \_\_\_\_\_ City & State: \_\_\_\_\_

	Head of Household	Spouse	Child	Child	Child
First Name					
Preferred Name					
Middle Name					
Last Name (Maiden)					
Sex (M/F)					
Date of Birth					
Race (optional)					
Cell Phone					
Email Address	@	@	@	@	@
Occupation/School					
Religion					
Catholic Sacraments Received:	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> *	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> *	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
*If married, list Date, Church, City & State	(please list additional children on back)				

Is any member of your household disabled? If yes, please give details: \_\_\_\_\_

List any member(s) of your household that has a current Youth Protection Badge through the Diocese of Harrisburg: \_\_\_\_\_

**Parish Ministries:**

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|----------------------------|---------------------------|
| Altar Servers              | Youth Group               |
| Bereavement Support Group  | Funeral Meals Ministry    |
| Golden Gems (Senior Group) | Council of Catholic Women |
| Bingo                      | Knights of Columbus       |
| Legion of Mary             | Columbian Squires         |
| Natural Family Planning    | Respect Life Ministry     |
| St. Vincent dePaul Society | Prayer Shawl Ministry     |
| Parish Nurse Ministry      | Religious Education       |
| Adult Choir                | Contemporary Choir        |

Please list any ministries you are interested in:

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Other Comments: \_\_\_\_\_

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Additional family members residing with you

	Child	Child	Child	Other (specify relationship)	Other (specify relationship)
First Name					
Preferred Name					
Middle Name					
Last Name (Maiden)					
Sex (M/F)					
Date of Birth					
Race (optional)					
Cell Phone					
Email Address	@	@	@	@	@
Occupation/School					
Religion					
Catholic Sacraments Received:	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>