

Holy Name of Jesus - Parish Registration

Today's Date: _____

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

Surname: _____ Home Phone: _____

Address: _____ City & State: _____

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 family members on back)

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

Parish Ministries:

- | | |
|-------------------------|-----------------------------|
| Altar Servers | Youth Group |
| Youth Choir | Religious Education |
| Adult Choir | Legion of Mary |
| Bell Choir | Council of Catholic Women |
| Contemporary Choir | Knights of Columbus |
| Lectors | Prayer Shawl Ministry |
| Extraordinary Ministers | Respect Life |
| Funeral Meals Ministry | St. Vincent de Paul Society |

Please list any ministries you are interested in:

Other Comments: _____

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"/> * |
| *If married, list Date, Church, City & State | | | | | |