

## HOLY FAMILY AREA CATHOLIC COMMUNITY REGISTRATION FORM

For Office Use Only  
Envelope #

Select the Parish you are registering in:     St. Andrew     St. Clara     St. James     St. Joseph

Family (Last) Name	Phone	Cell
Address	Apt #	E-mail
City	State	Zip

MAN'S FIRST NAME (Husband or single)

Date of Birth	Baptized Y/N	Confirmed Y/N	Present Religion			
Place of Baptism	Place of Confirmation					
Marital Status	Underline    your answer					Date of Marriage
Married by	Single    Married    Widowed    Separated    Divorced					
Parental Status	Priest    Deacon    Minister    Rabbi    Civil Authority					Place of Marriage
Occupation	Custodial Parent    Non-Custodial Parent					Work Phone

WOMAN'S FIRST NAME (Wife or single) Maiden Name

Date of Birth	Baptized Y/N	Confirmed Y/N	Present Religion			
Place of Baptism	Place of Confirmation					
Marital Status	Underline    your answer					
Parental Status	Single    Married    Widowed    Separated    Divorced					
Occupation	Custodial Parent    Non-Custodial Parent					Work Phone

Children (18 & under) First Names (Last Name if different)	Date of Birth	Male/ Female	Religion	Baptized Yes/No	Rec'd Communion Yes/No	Confirmed Yes/No	Living at home Yes/No	Name of School	Grade

Adults (Children Over 18) First Names (Last Name if Different)	Date of Birth	Present Religion	Baptized Yes/No	Confirmed Yes/No	Living at Home Yes/No	Occupation/Employer/School

Any other Persons Living in this home	Date of Birth	Present Religion	Baptized Yes/No	Confirmed Yes/No	Relationship	Occupation/Employer/School

IF ONE PARTY IS NOT CATHOLIC

Please address the mail to the Catholic member only

Please address the mail to both husband and wife

NOTE: The information given on this form will be kept confidential except where names, addresses and/or phone numbers are needed for office and parish purposes.