

Holy Family Catholic Church Registration

Last Name Only	Street Address	City	Zip	Home Phone
Cell Phone:		E-Mail Address:		

PLEASE, ONLY LIST FAMILY MEMBERS THAT ARE CURRENTLY LIVING IN THE HOME.

For additional family members please use back of form. Thank you!

<u>MEMBER INFORMATION:</u>	Head of Household	Spouse	Family Member	Family Member	Family Member
Last Name					
First Name					
Nickname					
Date of Birth					
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
Religion					
Relationship <i>(Child, Grandparent, Other)</i>	<i>Self</i>	<i>Spouse</i>			
Marital Status: Single, Married, Not Married, Separated, Divorced, Widowed					
Occupation / Student					
Ethnicity: African American; Asian/Pacific Islander; Caucasian; Filipino; Jewish; Latino; Native American; Vietnamese; Other (please specify)					
2nd Language (please specify)					

SACRAMENTS: *Please list approximate dates and location.*

Catholic Baptism					
First Reconciliation					
First Holy Communion					
Confirmation					
Matrimony					

SPECIAL SKILLS & TALENTS: *Examples: Gardening; electrician; plumber; cantor; musician; etc.*

Please list any you are willing to share					
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