

HOLY SPIRIT PARISH - REGISTRATION FORM (revised 08/2018)

Date _____

FAMILY NAME (Last Name) _____ Title Mr./Mrs. Mr. Mrs. Ms. Miss Dr.

Primary Phone _____ Secondary Phone _____

Email 1 _____ Email 2 _____

Address _____ Apt # _____ City _____ Zip _____

How did you hear about Holy Spirit?/What brought you to Holy Spirit? _____

How long have you been attending Mass at Holy Spirit? _____ Previous Parish _____

Sunday Envelopes Yes No (Offering Envelopes are suggested as the IRS requires a record of your contributions.)

FIRST NAME	<i>Religion</i>	<i>Baptism</i>	<i>1st Communion</i>	<i>Confirmation</i>	<u>Occupation/Employer</u>	<u>Work Phone</u>
Husband		Y / N	Y / N	Y / N		
Wife _____		Y / N	Y / N	Y / N		
Maiden Name (_____)		Y / N	Y / N	Y / N		
Single		Y / N	Y / N	Y / N		
Other Adult(s) in Household						
		Y / N	Y / N	Y / N		

	<u>School attending</u>	<u>Grade</u>	<u>Date of Birth</u>
Name of Child 1 boy/girl	Y / N	Y / N	Y / N
Name of Child 2 boy/girl	Y / N	Y / N	Y / N
Name of Child 3 boy/girl	Y / N	Y / N	Y / N
Name of Child 4 boy/girl	Y / N	Y / N	Y / N
Name of Child 5 boy/girl	Y / N	Y / N	Y / N
Other Children in Household			
	Y / N	Y / N	Y / N

Number of children attending a Catechetical Program: _____ Where: _____