HOLY SPIRIT PARISH - REGISTRATION FORM (revised 05/2019) Date FAMILY NAME (Last Name) Primary Phone ______ Secondary Phone _____ Email 1 _____ Email 2_____ _____ Apt # _____ City ____ Address 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.) Baptism FIRST NAME Occupation/Employer **Date of Birth** Husband Y/NY/NY/NWife _____ Y/NY/NY/NMaiden Name (Single Y/NY/NY/NOther Adult(s) in Household Y/NY/NY/NSchool attending Data of Rigth

				School attending	<u>Grade</u>	Date of Birth
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: V	Where:
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