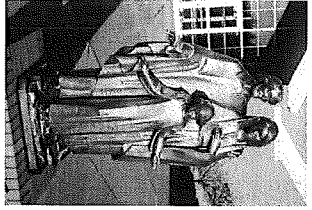


Holy Family Church
 2729 Center Road
 Poland, Ohio 44514
 330-757-1545



Family Name (Last): _____ First: _____ Spouse: _____
 (A) Title: Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. (B) P.O. Box _____ Street Address: _____
 City/State: _____ Zip: _____ (C) Phone: _____ Unlisted? Y N
 (D) Marital Status: Chu.Mar. Mar. Sing. Div. Sep. Wid. #Children at home _____ Will use envelopes? Y N
 Circle attendance: Frequent Regular Occasional Seldom
 Comments/remarks: _____
 Date Registered _____ Envelope # _____

MEMBER INFORMATION

	Head	Spouse	Dependent Child	Dependent Child	Dependent Child	Dependent Child	Dependent Child	Dependent Child	Other
First Name									
Last Name (if different)									
Gender	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
Religion									
Birth Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Baptism Date	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__
Reconciliation Date	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__
First Communion Date	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__
Confirmation Date	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__
Marriage Date Name & location of Church where married	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__	(Y) (N) __/__/__
Maiden Name									

Continue on other side

