

Household Mailing Name: _____

Street Address: _____

City, State, Zip _____

Home Phone: (_____) _____ Unlisted? Y / N

Member Information

Male

Female

Title: Dr. Mr.

Dr. Mrs. Ms. Miss

First Name: _____

Preferred Name: _____
(nick name, if applicable)

Middle Name: _____

Last Name: _____

Suffix: Jr. Sr. II III

Maiden Name: _____

Catholic? _____
(Y / N)

Marital Status: _____

Do you wish to receive offertory envelopes? Yes No

Birth Date: _____
(MM/DD/YY)

Baptized: _____
(Y / N + date)

Reconciliation: _____
(Y / N + date)

First Communion: _____
(Y / N + date)

Confirmed: _____
(Y / N + date)

Marriage: _____
(date + location)

Occupation: _____

Cell Phone: _____

E-mail: _____

Please complete information about additional family members on side 2 of this form.

Church of the Holy Child Parish

Registration Information

First Name: _____

Preferred Name: _____
(if applicable)

Middle Name: _____

Last Name: _____

Suffix: Jr. Sr. II III
(if applicable)

Relation: _____

Catholic: _____ (Y / N)

Birthdate: _____
(MM/DD/YY)

Baptized: _____
(Y / N + date)

Reconciliation: _____
(Y / N + date)

First Communion: _____
(Y / N + date)

Confirmed: _____
(Y / N + date)

School Grade: _____

Comments: _____

First Name: _____

Preferred Name: _____
(if applicable)

Middle Name: _____

Last Name: _____

Suffix: Jr. Sr. II III
(if applicable)

Relation: _____

Catholic: _____ (Y / N)

Birthdate: _____
(MM/DD/YY)

Baptized: _____
(Y / N + date)

Reconciliation: _____
(Y / N + date)

First Communion: _____
(Y / N + date)

Confirmed: _____
(Y / N + date)

School Grade: _____

First Name: _____

Preferred Name: _____
(if applicable)

Middle Name: _____

Last Name: _____

Suffix: Jr. Sr. II III
(if applicable)

Relation: _____

Catholic: _____ (Y / N)

Birthdate: _____
(MM/DD/YY)

Baptized: _____
(Y / N + date)

Reconciliation: _____
(Y / N + date)

First Communion: _____
(Y / N + date)

Confirmed: _____
(Y / N + date)

School Grade: _____

**Please return this form to Church of the Holy Child, 2500 Naamans Road, Wilmington, DE 19810
Phone: 302-475-6486 Website: chcparish.org Fax: 302-475-3458**

Office Use: Date Rec'd: _____ Env. #: _____ Bulletin: _____ Letter: _____ Welcome: _____ ACA: _____