Holy Family Catholic Church
950 E. Church Avenue
Jasper, IN 47546-3715
(812) 482-3076

NEW PARISHIONER REGISTRATION FORM

Please return this form to Holy Family by mail, to the Parish Office, or place in the collection at a weekend Mass.

Date Completed: _____ Family ID: _____ (office use)

1. **FAMILY**: Last name of Family: _____ Home Phone: (_____) _____ □ Listed □ Unlisted

Home Address: Street _____ City _____ State _____ Zip _____

Mailing Address: (if different) _____ City _____ State _____ Zip _____

2. **HEAD OF FAMILY**: Last_____ First_____ Middle _____ Maiden Name: _____

Birth Date: (mm/dd/yyyy) _____/_____/_____ Occupation: _____ Employer: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____ Religion: _____

Sacraments received: □ Baptism Church of Baptism: _____ □ First Communion □ Confirmation □ Marriage date: _____ Church of Marriage: _____

Marital Status: Married _____ Single _____ Widowed _____ Separated _____ Divorced _____ Annulled _____

Email: _____ Education Level/Degree: _____

3. **SPOUSE**: Last _____ First_____ Middle _____ Maiden Name: _____

Birth Date: (mm/dd/yyyy) _____/_____/_____ Occupation: _____ Employer: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____ Religion: _____

Sacraments received: □ Baptism Church of Baptism: _____ □ First Communion □ Confirmation □ Marriage date: _____ Church of Marriage: _____

Marital Status: Married _____ Single _____ Widowed _____ Separated _____ Divorced _____ Annulled _____

Email: _____ Education Level/Degree: _____

4. **CHILDREN**: Please list all children living at home or in college. If they have established a separate household, they should register separately. (If more, please list on the back.)

First Name:	**Middle Initial**	**Last name:** (If different than above)	**Sex** (F/M)	**Date of Birth** (mm/dd/yyyy)	**Religion**	**Baptism**	**First Comm.**	**Confir-mation**	**School/Military**	**Grade**