# HOLY GHOST PARISH

833 Arizona SE Alb., NM 87108

**TODAY'S DATE** _____

**Head of Family Last Name** _____ **First Name** _____

**Spouse/Other Adult Last Name** _____ **First Name** _____

**Address** _____ **City/State** _____ **Zip** _____ **E-mail** _____

**Home Phone** _____ **Cell #** _____ ***Would you like to receive contribution envelopes? YES NO***

***Marital Status:*** **Married by a Priest** **Married by a Civil Official** **Married by a Minister** **Single**
**Separated** **Divorced** **Widowed** **Living Together**

If you are moving from another parish please indicate the parish name: _____

***Thank you for registering at Holy Ghost, this registration will make Holy Ghost your home parish.***

| | HEAD | SPOUSE/OTHER ADULT | CHILD | CHILD | CHILD | CHILD |
|---|---|---|---|---|---|---|
| FIRST NAME | | | | | | |
| LAST NAME | | | | | | |
| MARITAL STATUS -Pick one from above- | | | | | | |
| RELIGION | | | | | | |
| OCCUPATION | | | | | | |
| Employer Name | | | School & Grade | School & Grade | School & Grade | School & Grade |
| WORK PHONE | | | | | | |
| Primary Language Spoken | | | | | | |
| SEX | M F | M F | M F | M F | M F | M F |
| DATE OF BIRTH MM / DD / YYYY | | | | ____/____/____ | ____/____/____ | ____/____/____ |
| BAPTISM *Received?* | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 1st CONFESSION *Received?* | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 1st COMMUNION *Received?* | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| CONFIRMATION *Received?* | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| MARRIAGE *Received?* | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |