Holy Ghost Parish

833 Arizona St. SE

Today's Date: _____

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

Last Name: _____ **First Name:** _____

Address: _____ **City/State:** _____ **Zip Code:** _____

Home Phone #: _____ **Cell #:** _____ **Email:** _____@_____

Would you Like to Receive Contribution Envelopes? ☐ Yes ☐ NO

Marital Status: (Please check what applies to you) If you are moving from another parish please indicate the parish name:_____

☐ Married by a Priest ☐ Married by a Civil Official ☐ Married by a Minister ☐ Widowed ☐ Separated ☐ Divorced ☐ Living Together ☐ Single

	HEAD OF HOUSEHOLD	SPOUSE/PARTNER	CHILD	CHILD	CHILD	CHILD
FIRST NAME						
LAST NAME						
RELIGION						
MARITAL STATUS						
OCCUPATION			School Name _____	School Name _____	School Name _____	School Name _____
EMPLOYER NAME			Current Grade _____	Current Grade _____	Current Grade _____	Current Grade _____
WORK PHONE						
Primary Language Spoken						
GENDER	M F	M F	M F	M F	M F	M F
DATE OF BIRTH MM / DD / YYYY	___/___/____	___/___/____	___/___/____	___/___/____	___/___/____	___/___/____
BAPTISM	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1st CONFESSION	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1st COMMUNION	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
CONFIRMATION	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
MARRIAGE IN CATHOLIC CHURCH	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No