

HOLY FAMILY AREA CATHOLIC COMMUNITY REGISTRATION FORM

For Office Use Only
Envelope #

Select the Parish you are registering in: ☐ St. Andrew ☐ St. James ☐ St. Joseph

Family (Last) Name	Phone	Cell
Address	Apt #	E-mail
City	State	Zip

MAN'S FIRST NAME (Husband or single)

Date of Birth	Baptized Y/N	Confirmed Y/N	Present Religion
Place of Baptism	Place of Confirmation		
	Underline	your answer	
Marital Status	Single	Married	Widowed
		Separated	Divorced
Married by	Priest	Deacon	Minister
		Rabbi	Civil Authority
Parental Status	Custodial Parent	Non-Custodial Parent	
Occupation	Employer		Work Phone

WOMAN'S FIRST NAME (Wife or single)

Maiden Name

Date of Birth	Baptized Y/N	Confirmed Y/N	Present Religion
Place of Baptism	Place of Confirmation		
	Underline	your answer	
Marital Status	Single	Married	Widowed
		Separated	Divorced
Parental Status	Custodial Parent	Non-Custodial Parent	
Occupation	Employer		Work Phone

