

HOLY SPIRIT CHURCH

PARISHIONER REGISTRATION FORM

Office Use Only

Date _____

Envelope # _____

SALUTATION: (Check one) MR. ___ MRS. ___ MR. & MRS. ___ MS. ___ MISS ___ NONE ___

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

DATE OF BIRTH: _____ RELIGION: _____

BAPTIZED: Y ☐ N ☐ 1st COMMUNION: Y ☐ N ☐ CONFIRMATION: Y ☐ N ☐

SPOUSE FIRST NAME: _____ MIDDLE: _____ MAIDEN NAME: _____

SPOUSE DATE OF BIRTH _____ RELIGION: _____

BAPTIZED: Y ☐ N ☐ 1st COMMUNION: Y ☐ N ☐ CONFIRMATION: Y ☐ N ☐

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ E-MAIL: _____

MARITAL STATUS (Check one) Married ___ Single ___ Divorced ___ Separated ___ Widowed ___ Engaged ___

DATE OF MARRIAGE: _____ MARRIED BY PRIEST? Y ☐ N ☐

Please list each member of your family living at this address

<u>First Name</u>	<u>Gender</u> <u>M/F</u>	<u>Date of</u> <u>Birth</u>	<u>Relationship to you</u> (son, daughter, etc.)	<u>Religion</u>	<u>Baptized</u> (Y/N)	<u>First</u> <u>Communion</u> (Y/N)	<u>Confirmation</u> (Y/N)
1.							
2.							
3.							
4.							
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