Parishioner Registration Holy Family Catholic Church



919 NE 96th Street Kansas City, Mo., 64155 816-436-9200

Please fill out to the best of your ability. If information is not applicable, leave blank.

Family Name_

Address							
City			_ State		Zip		
Phone		Email					
May we publish conta	act information in paris	h directories and pa	arish Guide	Book? Y	7/N	_	
Adult #1 Full Name				Date o	f Rirth (DOR)	
		_					
•	Baptism Other						
Adult #2 Full Name	Date of Birth (DOB)						
Religion		Occupation_					
Ethnicity	Maiden Name						
Baptism Catholic	Baptism Other	Eucharist	_ Confirma	tion	(Please typ	oe 'X' after sacra	ments received.)
	following with an X. *O ingle Catholic Ma	•	•		•		
Marriage Date	Church				City, State	e	
as marriage, baptism,	en only. In our diocese, (, etc. Adult, non-depende attends Holy Family, ask	ent children should l	be registered s as a parishi	separate oner.	ely to establish	eligibility for	services. If an adul
	Child's Name		DOB	Sex	Baptism	Eucharist	Confirmation
					Catholic Other		
					Catholic Other		
					Catholic Other		
					Catholic Other		
				1	Catholic		

Other __