

Sacred Heart Catholic Church - Parish Registration

Household Contact Information

Family Last Name: _____ **Date:** _____

Home Mailing Address: *(please be specific, for example, include Apt. #)*

Street: _____

City: _____ **State:** _____ **Zip:** _____

Head of Household:

Title: ___ **First Name:** _____ **Middle:** _____ **Last:** _____ **Suffix:** _____

Best Phone to be reached: _____ **E-mail:** _____

Date of Birth: _____ **Gender:** Male ___ Female ___ **Religion:** _____

***Ethnicity:** _____ ***Language:** _____ ***Occupation:** _____ ***Education Level** _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed **If divorced/remarried, status of annulment:**

Envelope User Online Giving | Sign-Up at osvonlinegiving.com/1790

Sacraments Received:	Date:	Parish/ City/ State:
Baptism		
Reconciliation		
First Communion		
Confirmation		
Marriage		

Spouse: (include Maiden name)

Title: ___ **First Name:** _____ **Middle:** _____ **Last:** _____ **Suffix:** _____

Best Phone to be reached: _____ **E-mail:** _____

Date of Birth: _____ **Gender:** Male ___ Female ___ **Religion:** _____

***Ethnicity:** _____ ***Language:** _____ ***Occupation:** _____ ***Education Level** _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed **If divorced/remarried, status of annulment:**

Sacraments Received:	Date:	Parish/ City/ State:
Baptism		
Reconciliation		
First Communion		
Confirmation		
Marriage		

Unmarried children under 18 Years of age: (see other side for additional children)

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

Date of Birth: _____ **Gender:** Male ___ Female ___ **Grade level:** _____ **School attending:** _____

Sacraments Received:	Date:	Parish/ City/ State:
Baptism		
Reconciliation		
First Communion		
Confirmation		

*Information provided is used for the diocese demographic studies and help prepare for the needs of our growing community.

First Name: _____ Middle: _____ Last: : _____

Date of Birth: _____ Gender: Male __ Female __ Grade level: _____ School attending: _____

Sacraments Received:	Date:	Parish/ City/ State:
Baptism		
Reconciliation		
First Communion		
Confirmation		

First Name: _____ Middle: _____ Last: : _____

Date of Birth: _____ Gender: Male __ Female __ Grade level: _____ School attending: _____

Sacraments Received:	Date:	Parish/ City/ State:
Baptism		
Reconciliation		
First Communion		
Confirmation		

Special Needs:

Our parish realizes that there are different special needs of each family. For example: Multigenerational household and the elderly is homebound; someone may be glucose intolerant; someone may need special assistance with mobility and need to be seated in the front row; someone may be hearing or sight impaired; etc. We will try our best to assist. Please use the space to let us know what your special need is and how may we help.

Introduction:

Please provide a 2-4 sentence brief introduction to you/your family that can be printed in the Sunday bulletin.
