## **Sacred Heart Catholic Church**

## Family Registration 700 Maple Vista, Imlay City, MI 48444 (810) 724-1135 staff@imlaysacredheart.org

Registration Date://_	Do You W	ant Contribution	Envelopes? Y / N for o	office use only Env#
<b>Family Information</b>				
Last Name: First Name(s)			Home Phone: Family Email:	
City:				
Zip:				
Couple/Head of House	ehold Informa	ation		
Marital Status: Marr			ersary Date:// Wedding	g Church/City:
Husband/Head			– Wife	
Active Catholic: Active / Inactive / Other:			Active / Inactive / Other	
Name:	e / Other		Active / mactive / Other	
DOB://_		_		(Maiden)
Sacramental Info:				( /
Baptized Y /N Catholic Y / N	RCIA Y / N		Baptized Y / N Catholic Y	/ N RCIA Y / N
1st Reconciliation Y / N First Eucha	rist Y / N Confirmed Y	′/N	1st Reconciliation Y / N First Euc	charist Y / N Confirmed Y / N
Occupation:				
Work Phone:				
Email:				<del>-</del>
<b>Children Information</b>				
<u>Child's Name</u>	<u>DOB</u>	<u>Sex</u> <u>Grad</u>	Year	
	//	M / F	Special Needs:	
			1st Eucharist Y / N 1st Reconci	
Add Sacrament Dates if known.	//	, , ,	////	
	//	_ M / F	Special Needs:	
	Baptism Y / N	Catholic Y / N	1 <sup>st</sup> Eucharist Y / N 1 <sup>st</sup> Reconci	iliation Y / N Confirmation Y / N
Add Sacrament Dates if known.	//		////	/
	//	M/F	Special Needs:	
	Baptism Y / N	Catholic Y / N	1 <sup>st</sup> Eucharist Y / N 1 <sup>st</sup> Reconci	iliation Y / N Confirmation Y / N
Add Sacrament Dates if known.	//		////	/
	//	_ M / F	Special Needs:	
	Baptism Y / N	Catholic Y / N	1st Eucharist Y / N 1st Reconci	
Add Sacrament Dates if known.	//		////	/