

CHURCH OF THE HOLY FAMILY
320 12th Street, Columbus, Georgia 31901
PARISH REGISTRATION / UPDATE FORM

Office Use:
 Parishsoft _____
 Env ____ Wel ____ Min ____

Date: _____ New Member: _____ Change in registration Information: _____

Family Last Name: _____ Home Phone: _____ Languages: _____

Address: _____ City: _____ State: _____ Zip: _____

Self: Email: _____ Cell Phone: _____ Occupation: _____

Spouse: Email: _____ Cell Phone: _____ Occupation: _____

Married by Priest ____ Married by Other ____ Divorced ____ Single ____ Widowed ____ Date of Marriage: _____ Wife's Maiden: _____

Correspondence addressed to including titles: _____

	Full Name	Nickname	Gender	Birthdate	Occupation Or School	Religion	Sacraments		
							Baptism	Communion	Confirmation
Self									
Spouse									
Child									
Child									
Child									
Child									
Other									

***print second copy if needed for more family members**

In which Ministry/ies do you wish to serve at Holy Family? _____ If unsure, may we contact you? _____

How would you like to give to the Parish? Receive Collection Envelopes _____ Online Giving (link on website) _____

Please return via: email to office@holyfamilycolumbus.com ____ Offertory Basket (in an envelope) ____ Drop off ____ Mail to office ____