

Holy Family Catholic Church

New Parishioner Registration Form



Today's Date: ___/___/___

Please return this form by mail to 129 West Daisy Lane, New Albany, IN 47150, drop off at the Parish Office, or place in the collection at one of our weekend Masses.

****Please send your (family) picture with your registration or email it to info@holyfamilynewalbany.org, so we can see who you are and introduce you to the rest of the parish.****

HEAD OF FAMILY: Last _____ First _____ M.I. ____ (Maiden _____)

Birth date: (m/d/y) ___/___/___ Religious Affiliation if other than Catholic _____

Home Address: Street _____

City _____ Zip _____

Home Phone: (____) _____ Listed Unlisted Work Phone: (____) _____

Cell Phone: (____) _____

If Catholic, please check the Sacraments that you have received.

Baptism 1st Communion 1st Reconciliation (Confession) Confirmation Marriage date _____

E-mail: _____@_____

I give my permission for my e-mail address to be used to receive Parish and ministries updates.

SPOUSE: Last _____ First _____ M.I. ____ (Maiden _____)

Birth date: (m/d/y) ___/___/___ Religious Affiliation if other than Catholic _____

Cell Phone: (____) _____

If Catholic, please check the Sacraments that you have received.

Baptism 1st Communion 1st Reconciliation (Confession) Confirmation

E-mail: _____@_____

I give my permission for my e-mail address to be used to receive Parish and ministries updates.

CHILDREN's names still at home: (*Children over 21 and/or not living at home should register themselves.*)

First _____ Last _____ Age _____ Birth date ___/___/___ Gender: M or F
 School _____ Baptism 1st Communion 1st Reconciliation (Confession) Confirmation
 Church of Baptism: _____ City/State _____

First _____ Last _____ Age _____ Birth date ___/___/___ Gender: M or F
 School _____ Baptism 1st Communion 1st Reconciliation (Confession) Confirmation
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Criterion Subscription

Our archdiocesan newspaper is **The Criterion**. (The subscription fee is currently \$22 a year. A yearly envelope is provided for this service. Our parish bears the cost bringing you the Criterion if you do not pay for it. If you do not wish to receive it you must contact the diocese directly at 800-382-9836 and ask to be removed from the list.)

Pastoral Visit

Would you like to be visited by our pastor? Yes Not at this time
If so, when is the best day(s) and time(s) to schedule a visit? _____

Sacramental History and Needs

I consider myself to be: a practicing Catholic a returning Catholic a practicing Christian
 someone looking for a spiritual home

I would like to: find out about becoming a Catholic make my first Confession
 make my first Communion be Confirmed
 find out about the annulment process have our marriage blessed
Other _____

My spouse is: a practicing Catholic a returning Catholic a practicing Christian
 someone looking for a spiritual home

S/He would like to: find out about becoming a Catholic make my first Confession
 make my first Communion be Confirmed
 find out about the annulment process have our marriage blessed
Other _____

Catholic Educational Programming

- I am interested in learning about Pre-Kindergarten through 8th Grade programs at Holy Family School.
- I am interested in learning about Adult Catholic Faith Formation Classes (RCIA).
- I am interested in your Youth Ministry Program.
- I am interested in learning about Children and Youth Catholic Faith Formation programs at Holy Family.

Stewardship Opportunities: Time, Talent, and Treasure

Besides celebrating weekly Sunday Eucharist with my parish, I want to:

- make prayer for my parish a part of my daily private devotions
- become a liturgical minister (greeter, lector, pastoral musician/cantor/choir, minister of Holy Communion)
- other: _____

You may contact me to help regularly occasionally yearly in the following areas:
 Christian Service Faith Formation Catechist Spiritual Life and Liturgy
 School Ministry Stewardship Fund-Raising Efforts Parish Life and Social Events

I am willing to share my special talent for _____
 I am willing to share my professional (job) experience with the church: _____

I will be financially supporting the ministry of my parish through
 Sunday offering envelopes Personal checks Anonymous contribution other
(We do provide a letter of thanks for your sacrificial offerings at the end of the calendar year for tax purposes.)

ARE YOU PRESENTLY REGISTERED IN ANOTHER PARISH AND IF SO, WHERE? _____

For Office Use Only

Envelope # _____