

[ ] NEW ENROLLMENT  
[ ] RECORD UPDATE

**SACRED HEART CHURCH  
FAMILY REGISTRATION FORM**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
# of People in Your Household: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Male / Female  
First "Nickname" Middle (Maiden) Last

Birth Date: \_\_\_/\_\_\_/\_\_\_ Born in the City of \_\_\_\_\_, State of \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Handicap: \_\_\_\_\_  
White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic?

Baptism: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church where you were baptized City State

1<sup>st</sup> Comm: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State

Confirmation: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State

Marriage: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State

Spouse/Significant Other: \_\_\_\_\_ Male / Female  
First "Nickname" Middle (Maiden) Last

Birth Date: \_\_\_/\_\_\_/\_\_\_ Born in the City of \_\_\_\_\_, State of \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Handicap: \_\_\_\_\_  
White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic?

Baptism: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church where you were baptized City State

1<sup>st</sup> Comm: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State

Confirmation: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State

Marriage: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State

**Additional Member:** \_\_\_\_\_ Male / Female  
First "Nickname" Middle (Maiden) Last

**Birth Date:** \_\_\_ / \_\_\_ / \_\_\_ **Born in the City of** \_\_\_\_\_, **State of** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_  
White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other

**Religion:** \_\_\_\_\_ **Relation to Head:** \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic? Son/Daughter/Parent

**Baptism:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church where you were baptized City State

**1<sup>st</sup> Comm:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church City State

**Confirmation:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church City State

**Marriage:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State

---

**Additional Member:** \_\_\_\_\_ Male / Female  
First "Nickname" Middle (Maiden) Last

**Birth Date:** \_\_\_ / \_\_\_ / \_\_\_ **Born in the City of** \_\_\_\_\_, **State of** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_  
White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other

**Religion:** \_\_\_\_\_ **Relation to Head:** \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic? Son/Daughter/Parent

**Baptism:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church where you were baptized City State

**1<sup>st</sup> Comm:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church City State

**Confirmation:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church City State

**Marriage:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State

---

**Additional Member:** \_\_\_\_\_ Male / Female  
First "Nickname" Middle (Maiden) Last

**Birth Date:** \_\_\_ / \_\_\_ / \_\_\_ **Born in the City of** \_\_\_\_\_, **State of** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_  
White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other

**Religion:** \_\_\_\_\_ **Relation to Head:** \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic? Son/Daughter/Parent

**Baptism:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church where you were baptized City State

**1<sup>st</sup> Comm:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church City State

**Confirmation:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church City State

**Marriage:** \_\_\_ / \_\_\_ / \_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State