



HOLY FAMILY
CATHOLIC CHURCH

PLEASE PRINT

FAMILY LAST NAME: _____

PREVIOUS PARISH: _____

PREFERRED METHOD OF CONTACT Phone Email

Street Address _____

City/State/Zip _____

PLEASE COMPLETE ENTIRE FORM

HEAD OF HOUSEHOLD

ADULT 2

Last Name: _____

First Name: _____

Maiden Name: _____

Gender: Male Female

Male Female

Date of Birth: _____

Religion: Catholic Other

Catholic Other

Occupation: _____

Employer: _____

Cell Phone: _____

Email: _____

Sacraments Rec'd Baptism Reconciliation

Baptism Reconciliation

First Communion Confirmation

First Communion Confirmation

Marital Status: Single Engaged

Widowed Divorced/Separated

Married

Date: _____ Place: _____

DEPENDENTS: Children under 18 living in your household.

Child 1 Child 2 Child 3 Child 4

First Name: _____

Middle Name: _____

Last Name: _____

Gender: _____

Date of Birth: _____

Grade: _____

School: _____

Religion: Catholic Catholic Catholic Catholic
 Other Other Other Other

Sacraments Rec'd: Baptism Baptism Baptism Baptism
 Reconciliation Reconciliation Reconciliation Reconciliation
 1st Eucharist 1st Eucharist 1st Eucharist 1st Eucharist
 Confirmation Confirmation Confirmation Confirmation

I would like to receive Offertory Envelopes

I would like information about Online Giving

I would LOVE to receive the Holy Family Weekly Email Update!!!

Do you have any special needs or situations that you wish to call to our attention?

Please place COMPLETED form in the Collection Basket, drop off at the Parish Office, or mail to:
Holy Family Catholic Church, 1018 18th Avenue S., Grand Forks, ND 58201