



HOLY FAMILY
CATHOLIC CHURCH

PLEASE PRINT

FAMILY LAST NAME: _____

PREVIOUS PARISH: _____

Name/City/State

PREFERRED METHOD OF CONTACT:

PHONE: _____ **EMAIL:** _____

Street Address: _____ **City/State/Zip** _____

Mailing Address (if different): _____

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: _____

E-mail: _____

Sacraments Rec'd: ___ Baptism
 ___ First Communion
 ___ Confirmation

___ Baptism
___ First Communion
___ Confirmation

Marital Status: ___ Single ___ Engaged ___ Widowed ___ Separated ___ Divorced

___ Married **Date:** _____ **Place:** _____

DEPENDENTS: Children under 18 living in the household

Child 1

Child 2

Child 3

Child 4

First Name _____

Middle Name _____

Last Name _____

Gender Male Female Male Female Male Female Male Female

Birth Date _____

Grade _____

School _____

Religion Catholic Other Catholic Other Catholic Other Catholic Other

Sacraments Received

Baptism

Baptism

Baptism

Baptism

1st Eucharist

1st Eucharist

1st Eucharist

1st Eucharist

Confirmation

Confirmation

Confirmation

Confirmation

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

**Please mail *COMPLETED* form to:
Holy Family Catholic Church
1018 18th Avenue South
Grand Forks, North Dakota 58201**