

Parish Registration Form

Please fill in the information below to the best of your knowledge. Place in collection basket, drop off at rectory, e-mail to nativityoffice@nativityharrishill.org, or mail to 4375 Harris Hill Road, Williamsville, NY 14221. Please include copy of Baptism Certificate.

FAMILY INFORMATION PLEASE PRINT		TODAY'S DATE:
FAMILY NAME (LAST):		
STREET ADDRESS:		
CITY/STATE/ZIP:		
HOME PHONE:	CELL PHONE:	
HEAD OF HOUSEHOLD INFORMATION		
FIRST NAME:		
		RELIGION:
BIRTHDATE: MONTH DAY Y	EAR	MADE FIRST CONFESSION? YES NO
BAPTISM DATE:	— CHURCH:	CITY/STATE:
FIRST COMMUNION DATE:	CHURCH:	CITY/STATE:
CONFIRMATION DATE:	CHURCH:	CITY/STATE:
OCCUPATION:		BUSINESS PHONE:
SPOUSE INFORMATION		
FIRST NAME:		MAIDEN NAME:
	RELIGION:	
		MADE FIRST CONFESSION? YES NO
BAPTISM DATE:	— CHURCH:	CITY/STATE:
FIRST COMMUNION DATE:	CHURCH:	CITY/STATE:
CONFIRMATION DATE:	CHURCH:	CITY/STATE:
OCCUPATION:		BUSINESS PHONE:
ASSPITAL INFORMATION		
MARITAL INFORMATION		
MARITAL STATUS: SINGLE MA		
		YES NO DATE:
CHURCH:	CITY/	/STATE:

CHILD INFORMATION CHILD #1 NAME: _____ \bigcap M \bigcap F BIRTHDATE: MONTH_____ DAY_____ YEAR_____ IF IN SCHOOL, CURRENT GRADE: _____ BAPTISM DATE:______ CHURCH:______ CITY/STATE:_____ FIRST COMMUNION DATE: ______CHURCH: ______CITY/STATE: _____ CONFIRMATION DATE: _____ CHURCH: _____ CITY/STATE: _____ CHILD #2 NAME: _____ \bigcap M \bigcap F BIRTHDATE: MONTH_____ DAY_____ YEAR_____ IF IN SCHOOL, CURRENT GRADE: _____ —— CHURCH:_____CITY/STATE:____ BAPTISM DATE:____ FIRST COMMUNION DATE: _____CHURCH: _____CITY/STATE: _____ CONFIRMATION DATE: _____ CHURCH: _____ CITY/STATE: _____ Additional Children...Please add a copy of this form. PARISH/COMMUNITY INFORMATION MAY WE PUT YOUR NAME INTO THE PARISH BULLETIN "WELCOME" COLUMN? YES NO INTERESTED IN OUR FAITH FORMATION PROGRAM? YES NO INTERESTED IN NATIVITY OF MARY SCHOOL? YES NO ANY OUESTIONS? _____ PLEASE LIST BELOW ANY CHURCH MINISTRIES OR ORGANIZATIONS YOU MAY HAVE PARTICIPATED IN: LIST BELOW ANY OUESTIONS, NEEDS, OR CONCERNS YOU WOULD LIKE US TO KNOW: WHAT IS YOUR PREFERRED FORM OF COMMUNICATION? (PHONE / TEXT / E-MAIL / MAIL) 2._____ 4. ____

WOULD YOU LIKE TO BE ADDED TO OUR EMAIL LIST (VIA FLOCKNOTES) FOR IMPORTANT PARISH INFORMATION?

YES NO

ARE YOU INTERESTED IN OUR PARISH PAY PROGRAM. ELIMINATING THE NEED FOR ENVELOPES?

YES NO

Thank you! We look forward to connecting with you soon!