



Holy Angels Parish Registration Form

Holy Angels, 370 Campus Dr., Arcadia, CA 91007 626-447-1671

Family Name _____ Home Pho _____
 _____ Cell Phone _____

Address _____ E-Mail _____

City, State, Zip Code _____ Date _____

Office Use Only

Number: _____

Entered _____ By _____

Envelopes _____

Welcome Packet _____

	First, Middle, and Last Name	Birthdate	Catholic	Baptized	1st Com.	Confirm.	Occupation	Please Check One
Husband			YES NO	YES NO	YES NO	YES NO		Catholic Marriage Other Church _____
Wife			YES NO	YES NO	YES NO	YES NO		Civil Marriage _____ Date Married: _____
Wife's Maiden Name: _____								

	First, Middle, and Last Name	Birthdate	Catholic	Baptized	1st Com.	Confirm.	Occupation	Please Check One
Single			YES NO	YES NO	YES NO	YES NO		Single ____ Separated ____ Widow/er ____ Divorced ____

(Please only include children living with you)

							School Information		
	First, Middle, and Last Name	Birthdate	Catholic	Baptized	1st Com.	Confirm.	School Name	Grade	Rel. Ed.
Child 1			YES	YES	YES	YES			
Male/Female			NO	NO	NO	NO			
Child 2			YES	YES	YES	YES			
Male/Female			NO	NO	NO	NO			
Child 3			YES	YES	YES	YES			
Male/Female			NO	NO	NO	NO			
Child 4			YES	YES	YES	YES			
Male/Female			NO	NO	NO	NO			
Child 5			YES	YES	YES	YES			
Male/Female			NO	NO	NO	NO			

Please return to the Rectory.

This is strictly confidential information. Email completed form to:

ha@holyangelsarcadia.org