

Date of Registration \_\_\_/\_\_\_/\_\_\_

### Church of the Holy Spirit-Registration Card

(PLEASE PRINT INFORMATION)

Mass of Preference: 5 pm 7:30 am 9 am 10:30 am Noon

Envelope Number: \_\_\_\_\_ Entered in Computer: \_\_\_\_\_

#### FAMILY INFORMATION:

Last Name: \_\_\_\_\_ Salutation Title(s): \_\_\_\_\_ (Mr., Dr., Ms., Mrs., Mr. & Mrs., Dr. & Mrs., Mr. & Dr., Dr. & Dr., etc.)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Unlisted: Yes \_\_\_ No \_\_\_ Marital Status\*\*: \_\_\_\_\_ Marriage Date: \_\_\_/\_\_\_/\_\_\_

\*\* (CM=Catholic Marriage, M=Married, Si=Single, W=Widow, Se=Separated, D=Divorced)

Family emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Previous Parish – Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### MEMBER INFORMATION:

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ ( \_\_\_\_\_ ) Nickname: \_\_\_\_\_

(Maiden Name)

Religion: \_\_\_\_\_ Sacraments Received: Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist \_\_\_\_\_ Penance \_\_\_\_\_ Confirmation \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

**Spouse:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ( \_\_\_\_\_ ) Nickname: \_\_\_\_\_

(Maiden Name)

Religion: \_\_\_\_\_ Sacraments Received: Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist \_\_\_\_\_ Penance \_\_\_\_\_ Confirmation \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

#### **Children and/or Other Household Members (Living with, or dependent upon, you):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments Received: Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist \_\_\_\_\_ Penance \_\_\_\_\_ Confirmation \_\_\_\_\_

Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments Received: Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist \_\_\_\_\_ Penance \_\_\_\_\_ Confirmation \_\_\_\_\_

Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_ (Over)

**Children and/or Other Household Members (Living with, or dependent upon, you) - Continued:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments Received: Baptism \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Penance \_\_\_ Confirmation \_\_\_

Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments Received: Baptism \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Penance \_\_\_ Confirmation \_\_\_

Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments Received: Baptism \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Penance \_\_\_ Confirmation \_\_\_

Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments Received: Baptism \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Penance \_\_\_ Confirmation \_\_\_

Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

*Is there a person in your household that has special needs? If so, please give their name.*

Hearing impairment – Name: \_\_\_\_\_ Physical disability – Name: \_\_\_\_\_

Visual impairment – Name: \_\_\_\_\_ Homebound – Name: \_\_\_\_\_

Developmental disability – Name: \_\_\_\_\_ Other: \_\_\_\_\_

*Is there any way that the Holy Spirit staff can be of special service to you or your family?*

\_\_\_\_\_  
\_\_\_\_\_