

REGISTRATION OF NEW FAMILY

DATE OF REGISTRATION \_\_\_\_\_ Env. # \_\_\_\_\_

Would you like weekly collection envelopes sent to you? Y\_\_ N\_\_

\_\_\_ Married \_\_\_ Single \_\_\_ Divorced /Separated/Widow(er)

Husband's full name \_\_\_\_\_ Catholic? \_\_\_\_\_

(Preferred name if different) \_\_\_\_\_

Sacraments: Baptism \_\_\_ 1<sup>st</sup> Holy Comm. \_\_\_ Confm. \_\_\_ Marriage \_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Wife's full name \_\_\_\_\_ Catholic? \_\_\_\_\_

former name \_\_\_\_\_

(Preferred name if different) \_\_\_\_\_

Sacraments: Baptism \_\_\_ 1<sup>st</sup> Holy Comm. \_\_\_ Confm. \_\_\_ Marriage \_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_

Address/ mailing address \_\_\_\_\_

Zip Code \_\_\_\_\_ / P.O. Box \_\_\_\_\_

Home phone number ( ) \_\_\_\_\_ - \_\_\_\_\_ (unlisted \_\_\_)

Church of Marriage \_\_\_\_\_ date of marriage \_\_\_\_\_

Former Parish \_\_\_\_\_

Full names of children: birth date: school/grade sacraments

1. \_\_\_\_\_ B. FC C

2. \_\_\_\_\_ B. FC C

3. \_\_\_\_\_ B. FC C

4. \_\_\_\_\_ B. FC C

5. \_\_\_\_\_ B. FC C

Church groups you would like to have more information about:

finance council \* pastoral council \* adult education \* CCD volunteer \* Holyoke Food Kitchen \* lector  
Eucharistic ministry \* holiday caroling \* Church choir \* coffee hour \* volunteer welcoming committee  
Religious Ed. Board \* Altar Server \* Helping Hands \* Visit to the sick or elderly \* Fund Raiser \* contributor  
to our quarterly newsletter \* other