

Welcome to THE CHURCH OF THE HOLY FAMILY—Please print information

Check Mailing Title(s) _____ Parish Mem.# _____ Date: _____

Mr. & Mrs. **Last Name:** _____

Mr. **Address:** _____

Mrs. _____

Miss _____

Ms. _____ City _____ Zip _____

Dr. **Telephone (Home or Main)** _____

Dr. & Dr. _____ (Individual Cell) -

Dr. & Mrs. **Have you registered with us before?** _____

Mr. & Dr. _____ see below

First Names List adults first	Male or Female	DATE OF BIRTH	RELIGION	BAPTISM Yes or No	IST COMM. Yes or No	CONFIRM. Yes or No	MARITAL STATUS	MARRIED BY PRIEST? Yes or No
1)								
2)								
Children Living at home	Male/ Female						Child's School	

Adult (1) Employer: _____ **Position:** _____

Email: _____ **Cell:** _____

May we sign you up for our weekly Holy Family News e-mail newsletter? __ yes __ no

Adult (2) Employer: _____ **Position:** _____

Email: _____ **Cell:** _____

May we sign you up for our weekly Holy Family News e-mail newsletter? __ yes __ no

We need your help and participation.
Please list names of family members inter-
ested in serving in any of the following
ministries:

Lector _____

Greeter _____

Eucharistic
Minister _____

Choir _____

Instrument __ which _____

Usher _____

Altar Server _____

Religious Ed. _____

Catechist _____

**BELOW LIST ANY OTHER PERSONS LIVING WITH YOU
AND THEIR RELATIONSHIP TO YOU**

PLEASE LIST ANY SPECIAL NEEDS:

Shut in __ Disability _____

Nursing Home _____

Other _____

Former Parish _____

City _____ State _____

Env. # _____
Last Name _____
Given red folder _____
By staff _____
Reg. __ Env. __ Faith __
Phone __ Personal __ E-mail __
Pastor __ HFS __