

DATE REGISTERED _____ ID/ENV. # _____

HOLY SPIRIT CATHOLIC CHURCH REGISTRATION FORM

FAMILY INFORMATION:

LAST NAME-HEAD OF HOUSEHOLD: _____

FIRST NAME-HEAD OF HOUSEHOLD: _____

FIRST NAME-SPOUSE: _____

MAIDEN NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE # _____

CELL # _____

EMAIL _____

FAMILY STATUS:

SINGLE MARRIED WIDOWED SEPRATED DIVORCED/REMARRIED

SECOND RESIDENCE ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

DATES AT SECOND RESIDENCE FROM

MONTH _____ **DAY** _____ **TO MONTH** _____ **DAY** _____

SEND MAIL TO SECOND RESIDENCE DURING THAT TIME: YES NO

Please submit copies of Baptismal certificates for any children entered here, so we can properly document any sacraments they may receive in the future.

MEMBER INFORMATION

LAST NAME _____ **FIRST NAME** _____

TITLE: ___MR MRS MS MISS DR

SUFFIX: JR SR II III IV OTHER _____

RELIGION _____

DISABILITY _____

OCCUPATON _____ **BUS.PHONE** _____

DATE OF BIRTH _____

BAPTISM ___ / ___ / ___ **LOCATION** _____

CONFIRM. ___ / ___ / ___ **LOCATION** _____

MARRIAGE ___ / ___ / ___ **LOCATION** _____

1ST COMM. ___ / ___ / ___ **LOCATION** _____

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TITLE: ___MR MRS MS MISS DR

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CONFIRM. ___ / ___ / ___ **LOCATION** _____

MARRIAGE ___ / ___ / ___ **LOCATION** _____

1ST COMM. ___ / ___ / ___ **LOCATION** _____

Please submit copies of Baptismal certificates for any children entered here, so we can properly document any sacraments they may receive in the future.

CHILD INFORMATION

LAST NAME _____ FIRST NAME _____
TITLE: MR _____ MISS _____
SUFFIX: JR SR II III IV OTHER _____
RELIGION _____
DATE OF BIRTH _____
BAPTISM ___ / ___ / ___ LOCATION _____
CONFIRM ___ / ___ / ___ LOCATION _____
1st COMMUNION ___ / ___ / ___ LOCATION _____

CHILD INFORMATION

LAST NAME _____ FIRST NAME _____
TITLE: MR _____ MISS _____
SUFFIX: JR SR II III IV OTHER _____
RELIGION _____
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BAPTISM ___ / ___ / ___ LOCATION _____
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RELIGION _____
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BAPTISM ___ / ___ / ___ LOCATION _____
CONFIRM ___ / ___ / ___ LOCATION _____
1st COMMUNION ___ / ___ / ___ LOCATION _____

“...we have gifts differing according to the grace that has been given us...”

Corinthians 12:6

Please check off the talents, skills and gifts you possess, or would like to share

Name: _____

Phone: _____

Gifts

Art _____

Business/Accounting _____

Computer Skills _____

Construction _____

Counseling _____

Knit/Crochet _____

Sew/Needlework _____

Craft/General _____

Driving _____

Foreign Language/Specify _____

Friendly Visiting _____

Fundraising _____

Gardening _____

General Clerical _____

Graphic Design _____

Handyman _____

Healthcare _____

Leadership skills _____

Legal/Law Enforcement _____

Musical _____

Food Prep/Serving _____

Performing Arts _____

Public Relations _____

Public Speaking/Presentations _____

Research Skills _____

Retail Skills _____

Teaching _____

Ushering _____

Writing/Editing _____