

# HOLY SPIRIT PARISH REGISTRATION

Today's Date: \_\_\_\_\_

FAMILY NAME: (Last Name Only)		TELEPHONE HOME: _____	
ADDRESS		CELL: _____	
APT#	CITY	ZIP	
EMAIL			

MARITAL INFORMATION					SACRAMENTAL INFORMATION					
Mark (check) one these per Adult					Please mark <b>Yes</b> or <b>No</b> for each					
NAMES OF ADULTS IN FAMILY			Date of Birth mm/dd/yy	Marriage		Single	Widowed	Baptism	First Communion	Confirmation
First Name	Middle Name	Last Name		Church	Civil					
Father Husband										
Mother Wife										
Other Adult										

**\*Religious Ed. Provide a copy of the Certificate\***

Names of Children	Male Female	Date of Birth mm/dd/yy	Place of Birth	School Grade	Baptism	First Communion	Confirmation
	M F						
	M F						
	M F						
	M F						
	M F						
	M F						
	M F						

Office Use Only:

---



---



---



---



---