

Sacred Heart of Jesus Parish

Registration Form

(All information provided will be kept confidential)

Family (Last) Name(s): _____

Today's Date: __/__/__

To Whom shall we address correspondence: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone: Day: _____ Evening: _____ Email: _____

Please complete the following information for Head(s) of Household

Those out of college or employed are asked to register separately. Additional forms are available at the rectory and church entrance.

Male:
Given Name: _____
Middle Initial: _____ Date of Birth: __/__/__
Religion: _____
Practicing? Yes No Occasionally
Occupation: _____

Female:
Given (Maiden) Name: _____
Middle Initial: _____ Date of Birth: __/__/__
Religion: _____
Practicing? Yes No Occasionally
Occupation: _____

Sacraments received:

Baptism Communion
Confirmation Marriage

Sacraments received:

Baptism Communion
Confirmation Marriage

Marital status:

Single Married Widowed
Separated Divorced Other
Date of Marriage: __/__/__

Marital status:

Single Married Widowed
Separated Divorced Other
Date of Marriage: __/__/__

Marriage witnessed by:

Priest Minister
Rabbi Justice of the Peace
If the marriage was not witnessed by a priest,
was permission obtained from the Catholic
Church for the marriage to take place before a
minister, rabbi or justice? Yes No

Marriage witnessed by:

Priest Minister
Rabbi Justice of the Peace
If the marriage was not witnessed by a priest,
was permission obtained from the Catholic
Church for the marriage to take place before a
minister, rabbi or justice? Yes No

May your parish priest contact you if your present marriage was not solemnized in the Catholic Church? Yes No

Please list the names, birth dates and sacraments received of each of the children who are living with you. (If you have more than five children, please use an additional sheet.)

	First and Last Name	Sex	Birthdate	Sacraments
1.	_____	_____	___/___/___	Bap. <input type="checkbox"/> Com. <input type="checkbox"/> Conf. <input type="checkbox"/>
2.	_____	_____	___/___/___	Bap. <input type="checkbox"/> Com. <input type="checkbox"/> Conf. <input type="checkbox"/>
3.	_____	_____	___/___/___	Bap. <input type="checkbox"/> Com. <input type="checkbox"/> Conf. <input type="checkbox"/>
4.	_____	_____	___/___/___	Bap. <input type="checkbox"/> Com. <input type="checkbox"/> Conf. <input type="checkbox"/>
5.	_____	_____	___/___/___	Bap. <input type="checkbox"/> Com. <input type="checkbox"/> Conf. <input type="checkbox"/>

Please specify school information for the children listed above

1.	School: _____	Grade: _____
2.	School: _____	Grade: _____
3.	School: _____	Grade: _____
4.	School: _____	Grade: _____
5.	School: _____	Grade: _____

Other family member(s) living with you: (older relative, In-Law, etc.)

Name: _____ Relationship: _____

Language spoken in home other than English: _____

Please list any talents, skills or interests you would be willing to share with your Parish Family (i.e. music, sewing, floral decorating, crafts etc.) _____

Please list any organizations or ministries you would be interested in (please refer to enclosed brochure):

Name: _____ Ministry/org.: _____

Name: _____ Ministry/org.: _____

Name: _____ Ministry/org.: _____

Parish Financial Support Options:

1. I currently support my parish by: weekly envelopes monthly envelopes online banking

2. I currently do not receive envelopes (or would like to change my envelope status).

Please send: Weekly envelopes Monthly envelope

Please do not send envelopes – I (will) use online bill pay

Thank you for completing this form.