

Church of The Holy Spirit

Family Registration

Reg Date:

8570 Vaughn Rd, Montgomery, AL 36117 (334) 277-5631

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

AreaCode: Home Phone: Emerg. Phone:

Family Email: Env#

Permission to publish phone, address, email in Parish Directory

Publish Phone?
 Publish Address?
 Publish Email?

Individual Member Information

Parish Status: <i>(Active, Inactive)</i> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>
Role: <i>(Head of House, Husband, Wife etc.)</i> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>
First Name / Nickname: <input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>
Gender: (Circle) Male / Female (Maiden)	<input style="width: 150px;" type="text"/>	Male / Female (Maiden) <input style="width: 150px;" type="text"/>
DOB (mm/dd/yyyy): <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Email: <input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Work Phone/Cell Phone: <input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>
First Language: <input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Occupation/Employer: <input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Last School: <input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Education Level: <input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Sacramental Info: Dates (mm/dd/yyyy): <i>(Single, Married, Separated, Divorced, Annulled)</i>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input style="width: 150px;" type="text"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input style="width: 150px;" type="text"/>
Marital Status: <input style="width: 150px;" type="text"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input style="width: 150px;" type="text"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input style="width: 150px;" type="text"/>
	Valid Catholic Marriage? <input type="checkbox"/> Wedding Date: <input style="width: 150px;" type="text"/>	

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
				<input style="width: 100px;" type="text"/>		<input style="width: 150px;" type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	
2.	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
				<input style="width: 100px;" type="text"/>		<input style="width: 150px;" type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	
3.	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
				<input style="width: 100px;" type="text"/>		<input style="width: 150px;" type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	

Please fill in all blanks, especially addresses, emails and phone numbers. Please return form to the parish office by way of mail, drop off, fax or put into the offertory collection at Mass. If you need additional room for more family members, please use a copy of this form or a blank sheet. Thank you for your help.