

**PARISHIONER REGISTRATION
HOLY SPIRIT CATHOLIC CHURCH**

DATE _____

FAMILY LAST NAME _____

HOW DO YOU WANT YOUR MAILING LABEL ADDRESSED? (Please Circle One) Mr. / Mrs./ Mr. & Mrs. / Ms. / Dr. / Dr. & Mrs. / Other _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PH# _____ UNLISTED Y / N CELL PHONE # _____ E-MAIL _____

MARITAL STATUS (Circle One) Married in Catholic Church / Civil Marriage / Single / Widowed / Divorced / Separated

MARRIAGE DATE _____ / _____ / _____ LOCATION _____ City _____ State _____
Name of Church

FAMILY MEMBERS LIVING IN YOUR HOME

NAME (First, Last)	M / F	DATE OF BIRTH	RELIGION	BAPTIZED (Date)	FIRST COMM (Date)	CONFIRM (Date)	OCCUPATION	Work Phone
1. _____	Self							
2. _____	Spouse						School They Attend	
3. _____								
4. _____								
5. _____								

WOULD YOU LIKE TO RECEIVE PRINTED CONTRIBUTION ENVELOPES? (Circle One) YES / NO