

REGISTRATION FORM

SACRED HEART PARISH

(Personal information collected on this form is for parish use only and will be kept confidential)

DATE: _____

ADULTS

Mr./Mrs./Ms./Dr. LAST NAME: _____ BIRTHDATE: _____ / _____ / _____
 year month day
 FIRST NAME: _____ RELIGION: _____
 OCCUPATION/LOCATION/TELEPHONE _____

Mr./Mrs./Ms./Dr. LAST NAME: _____ BIRTHDATE: _____ / _____ / _____
 year month day
 FIRST NAME: _____ RELIGION: _____
 OCCUPATION/LOCATION/TELEPHONE _____

ADDRESS

STREET _____ CITY _____ POSTAL CODE _____
 TELEPHONE _____ (Is this an unlisted number ?) Yes ___ No ___
 CELL PHONE _____
 E-MAIL _____

Church or place of Marriage: _____

Would you like Church Envelopes? ___ Yes ___ No

CHILDREN LIVING IN YOUR HOUSEHOLD (list additional children on a separate sheet.)

NAME _____	_____	_____	_____	_____	_____	_____
SCHOOL _____	M	F	year	month	day	BIRTHDATE _____ / _____ / _____
NAME _____	_____	_____	_____	_____	_____	_____
SCHOOL _____	M	F	year	month	day	BIRTHDATE _____ / _____ / _____
NAME _____	_____	_____	_____	_____	_____	_____
SCHOOL _____	M	F	year	month	day	BIRTHDATE _____ / _____ / _____
NAME _____	_____	_____	_____	_____	_____	_____
SCHOOL _____	M	F	year	month	day	BIRTHDATE _____ / _____ / _____