

HOLY SPIRIT PARISH COMMUNITY INFORMATION FORM

Please complete this form so that we will have information concerning you and your family. Family information, if applicable, should be filled out on the back of this form.

We also ask that you supply each family member's baptismal record and confirmation record. Note: All sacramental records go back to the church of baptism so one call to request records should be all that is needed.

Once you return this information form, baptism record(s), confirmation record(s), and your stewardship intention form, the registration process will be complete.

(Please Print)

Name: _____ / _____ / _____
(First) (Middle/Maiden) (Last)

Title: Mr. Mrs. Ms. Dr. Other Nickname: _____

Address: _____

Apt. or Box #: _____

City, State, Zip: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Gender: _____ Religion: _____

Marital Status: (Please Circle)

Single Engaged Married Re-married Widowed Divorced

Birth Date: _____ Baptism Date and Church: _____

Confirmation Date and Church: _____ Wedding Anniversary Date: _____

Are you married in the Catholic Church? _____ Name of Church Married: _____

Mass Attendance: (Please Circle): Daily Weekly Monthly Quarterly Yearly Seldom Never

Holy Spirit Mass Most frequently attended: (Please Circle) Sat.: 5:00 pm Sun.: 8:00 am 10:00 am

If graduate of Holy Spirit Grade School, what year? _____

Former Parish: _____

Profession: _____

Title: _____ Employer: _____



Don't forget to call church(es) of baptism to get sacramental records sent to you (for each baptized Catholic family member). Attach records to this form to complete registration.

(Over)

Spouse:

Name: _____ / _____ / _____
(First) (Middle/Maiden) (Last)

Title: Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other ___ Nickname: _____

E-mail Address: _____

Business Phone #: _____ Cell Phone #: _____

Gender: _____ Religion: _____

Marital Status: (Please Circle)

Single Engaged Married Re-married Widowed Divorced

Birth Date: _____ Baptism Date and Church: _____

Confirmation Date and Church: _____ Wedding Anniversary Date: _____

Mass Attendance: (Please Circle): Daily Weekly Monthly Quarterly Yearly Seldom Never

Holy Spirit Mass Most frequently attended: (Please Circle) Sat.: 5:00 pm Sun.: 8:00 am 10:00 am

Profession: _____

Title: _____ Employer: _____

Children: Please only list children in your household who are still dependent on you. IF adult children still live in your home and are over 23 (out of school) they should join the parish independently.

Name: _____ Gender: _____

Birth Date: _____ Baptism Date and Church: _____

Confirmation Date and Church: _____

Name: _____

Birth Date: _____ Baptism Date and Church: _____

Confirmation Date and Church: _____

Name: _____

Birth Date: _____ Baptism Date and Church: _____

Confirmation Date and Church: _____

Name: _____

Birth Date: _____ Baptism Date and Church: _____

Confirmation Date and Church: _____

(Form Revised 9-22-11)