

SACRED HEART CHURCH
Family Registration Form

FOR OFFICE USE ONLY

LAST NAME: _____

ENV. # _____

FIRST NAME: _____

DATE: ___/___/___

SPOUSE: _____

TITLE: Please Circle: Mr. & Mrs., Mr., Mrs., Miss, Ms., Dr., Other _____

NAME AS APPEARS ON MAIL: _____

STREET ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL ADDRESS: _____

INTERESTS

Would you like to participate in Parish Liturgies as.....

- | | | | | |
|--|--------------------------------------|---|--|---|
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Usher | <input type="checkbox"/> Cantor | <input type="checkbox"/> Choir | <input type="checkbox"/> Children's Choir |
| <input type="checkbox"/> Folk Group Member | <input type="checkbox"/> Lector | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Liturgy Committee | <input type="checkbox"/> Children's Liturgy |
| <input type="checkbox"/> Church Decorating | <input type="checkbox"/> Other _____ | | | |

Which of the following would be of interest to you or members of your household:

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Sodality | <input type="checkbox"/> Social Committee | <input type="checkbox"/> Pastoral Visitors | <input type="checkbox"/> Parish Council |
| <input type="checkbox"/> SWORD | <input type="checkbox"/> Bereavement Committee | <input type="checkbox"/> Prayer Group | <input type="checkbox"/> Young Adults 21+ | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Scouting | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> H.S. Youth Ministry | <input type="checkbox"/> M.S. Youth Ministry | <input type="checkbox"/> Family Fellowship |
| <input type="checkbox"/> Religious Education | | | | |

What skills or talents would you be willing to share with the parish community:

- | | | | | |
|--|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Office Assistance | <input type="checkbox"/> Handyman work | <input type="checkbox"/> Health Care | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Computer Expertise |
|--|--|--------------------------------------|--------------------------------------|---|

Information For Each Person in Household

Member Name: _____ Relationship: _____ Marital Status: _____ Highest Grade: _____

Date of Birth: ___/___/___ Religion: _____ Occupation: _____ Bus. Phone: _____

Date of Baptism ___/___/___ Date 1st Comm. ___/___/___ Date of Confirmation ___/___/___
Location: _____ Location: _____ Location: _____

Date of Marriage ___/___/___ Disability or Home Bound
Location Please Explain:

Information For Each Person in Household

Member Name: _____ Relationship: _____ Marital Status: _____ Highest Grade: _____

Date of Birth: ___/___/___ Religion: _____ Occupation: _____ Bus. Phone: _____

Date of Baptism ___/___/___ Date 1st Comm. ___/___/___ Date of Confirmation ___/___/___
Location: _____ Location: _____ Location: _____

Date of Marriage ___/___/___ Disability or Home Bound
Location Please Explain:

