## HOLY CROSS REGISTRATION FORM

Welcome to Holy Cross
We look forward to meeting you and hope that you will become an active member of our church family. On the back side of this form is a list of ministries and talents you may wish to share. Please indicate which ministries and commissions you are interest in participating in.

DATE REGISTERED $\qquad$
FAMILLY (LAST) NAME $\qquad$ PHONE $\qquad$


PREVIOUSLY REGISTERED PARISH $\qquad$
If married, date of wedding $\qquad$ Place of wedding

Maiden name of spouse (if applicable) $\qquad$

|  | Adult | Adult | Child | Child | Child | Child |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | (please only indicate information for children living AT HOME with you) |  |  |  |
| First Name |  |  |  |  |  |  |
| Last name if different from family name |  |  |  |  |  |  |
| Middle name |  |  |  |  |  |  |
| Name you go by |  |  |  |  |  |  |
| Birthdate * |  |  |  |  |  |  |
| Marital status |  |  |  |  |  |  |
| Cell Phone Number |  |  |  |  |  |  |
| E-mail Address-if different than as listed above |  |  |  |  |  |  |
| Gender |  |  |  |  |  |  |
| Occupation |  |  |  |  |  |  |
| Place of Employment |  |  |  |  |  |  |
| Religion |  |  |  |  |  |  |
| School Attending |  |  |  |  |  |  |
| Current Grade |  |  |  |  |  |  |

SACRAMENTAL INFORMATION: Check sacranents received and include dates for children.


Please return your registration form to the office, via the collection basket or mail.


