



# Holy Family Cathedral

~ Office located on corner of 5<sup>th</sup> Ave. and 'H' St.

## REGISTRATION FORM

FAMILY NAME \_\_\_\_\_

Head of Household Name	Occupation	Marital Status	DOB	Date of Birth
Mailing Address	City	State	Zip	
Home Address (if different than mailing address)	City	State	Zip	
Email address	Home phone	Work phone	Cell phone	

Parish of Previous Registration (Church Name & Location)

### OTHER MEMBERS OF THE HOUSEHOLD

Name, first & middle; last only if different from above:	Date of Birth	M/F	Marital Status	Occupation or School & Grade	Religion (if not Catholic)

### SACRAMENTS

Please check appropriate boxes. Give the parish and date each Sacrament was received, if known.

Name	Baptism	Reconciliation	Communion	Confirmation	Catholic Marriage

Do you wish to receive envelopes? YES \_\_\_ NO \_\_\_  
 Does your marriage need to be blessed in the Church? YES \_\_\_ NO \_\_\_  
 Do you have any special needs or situations that you wish to call to our attention? Please indicate below.  
 Or would you like us to contact you personally? YES \_\_\_ NO \_\_\_