

HOLY FAMILY PARISH REGISTRATION FORM

DATE: _____

LAST NAME: _____

ADDRESS (Include Apt. #): _____

CITY: _____ ZIP: _____ PHONE #: _____ Listed ___ Unlisted ___

MARITAL STATUS: Catholic Marriage ___ Civil Marriage ___ Single ___ Widowed ___ Separated ___ Divorced ___

	MALE	FEMALE
FIRST NAME	_____	_____
MAIDEN NAME	_____	_____
BIRTHDATE (Mo/Day/Year)	_____	_____
RELIGION	_____	_____
OCCUPATION	_____	_____
WORK/CELL #	_____	_____
PRIMARY EMAIL ADDRESS	_____ (one only)	

_____ Check here if you want email instead of mail when possible.

SACRAMENTS RECEIVED (Please Circle)

Baptism	YES/NO	YES/NO	YES/NO
1st Communion	YES/NO	YES/NO	YES/NO
Confirmation	YES/NO	YES/NO	YES/NO

CHURCH ATTENDANCE: Regular ___ Frequent ___ Occasional ___ Seldom ___

PREFERRED MASS TIME: 4pm ___ 9am ___ 11am ___

SUNDAY ENVELOPES: Will Use Envelopes ___ Will Not Use Envelopes ___

E-CONTRIBUTIONS: Please check with your bank to setup electronic contributions.

NAME OF PREVIOUS PARISH: _____ CITY/STATE _____

COMPLETE THE FOLLOWING FOR CHILDREN LIVING AT HOME:

Name	Birthdate	Baptism	1st Com.	Confirmed	School
		Yes/No	Yes/No	Yes/No	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

WHEN COMPLETED, PLEASE DROP IN COLLECTION BASKET, AT PARISH OFFICE, OR MAIL.

3006 West Eighth Street, Cincinnati, Ohio 45205



PARISHIONER REGISTRATION
FORM

Please return form to

HOLY FAMILY PARISH
3006 WEST EIGHTH STREET
CINCINNATI, OH 45205