# HOLY CROSS PARISH
# REGISTRATION FORM

FAMILY NAME _____

FIRST NAME/ Head of Household _____
FIRST NAME/ Spouse_____
WIFE'S MAIDEN NAME _____

TITLE *(Circle one)* Mr. Mrs. **Mr.** & Mrs. Ms. Miss Dr.

STREET ADDRESS _____APT NO. _____
CITY/STATE _____ ZIP CODE _____
HOME PHONE_____

**MARRIAGE** ***(Check one)***

____ ( l) Catholic Church Marriage
____ (2) Other Church Marriage
____ (3) Civil Marriage
____ (4) Single
____ (5) Separated
____ (6) Divorced
____ (7) Widowed

IF (1), (2), (3) please give date of marriage _____
*(month/ day/ year)*

***Circle One*** · New Member Current Member Child of Member, Joining as Adult

| | **OCCUPATION** | **BIRTHDATE** | **RELIGION** ***(i.e. Catholic, Baptist etc.)*** | **BAPTIZED** ***(Yes/No)*** | **FIRST COMMUNION** ***(Yes/No)*** | **CONFIRMATION** ***(Yes/No)*** |
|---|---|---|---|---|---|---|
| Head of Household | | | | | | |
| Spouse | | | | | | |

## CHILDREN LIVING AT HOME

| **FIRST NAME** | **LAST NAME** ***(if different from family name)*** | **M or F?** | **Birthdate** | **Baptized** ***(Yes/No)*** | **First Penance** ***(Yes/ No)*** | **First Communion** ***(Yes/No)*** | **Confirmation** ***(Yes/No)*** |
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