

Holy Spirit Catholic Church
Family Registration Form
9821 Frankford Ave
Lubbock, TX 79424

Reg. Date: _____

- Publish Phone
- Publish E-Mail
- Publish Address
- Publish Photo

CONFIDENTIAL PARISH CENSUS

Last Name _____ First Name(s) _____
Mailing Name (ie Mr and Mrs John Doe) _____
Physical Address _____ Mailing Address _____
City _____ State _____ Zip Code _____
Area Code _____ Home Phone _____ Emerg. Phone _____
Family E-mail _____ Envelopes Yes No Env # _____

Individual Member Information

Head of Household

First Name/Middle Name _____ / _____
Maiden name/Nick Name _____ / _____
Gender Male/Female Date of Birth(mm/dd/yyyy) _____
E-Mail _____
Work Phone/Cell Phone _____ / _____
First Language _____
Occupation _____
Employer _____

First Name/Middle Name _____ / _____
Maiden name/Nick Name _____ / _____
Gender Male/Female Date of Birth (mm/dd/yyyy) _____
E-Mail _____
Work Phone/Cell Phone _____ / _____
First Language _____
Occupation _____
Employer _____

Sacramental Information

Baptism Yes No **Catholic** Yes No
Baptism Date: mm/dd/yyyy _____ Church _____
City & State _____
First Communion **Date (mm/dd/yyyy)** _____
Church _____ City & State _____
Confirmation **Date (mm/dd/yyyy)** _____
Church _____ City & State _____
Marriage Status: Single Widowed Separated Divorced Annulled
Marriage: Common Law Justice of the Peace Protestant Catholic
Date: _____
Church _____ City & State _____

Baptism Yes No **Catholic** Yes No
Date: mm/dd/yyyy _____ Church _____
City & State of _____
First Communion **Date(mm/dd/yyyy)** _____
Church _____ City & State _____
Confirmation **Date (mm/dd/yyyy)** _____
Church _____ City & State _____
Marriage Status: Single Widowed Separated Divorced Annulled
Marriage: Common Law Justice of the Peace Protestant Catholic
Date: _____
Church _____ City & State _____

Are there any relevant facts you want us to know about your family?

Is a family member unable to attend church and would like to be visited by the priest or receive Holy Communion at home?

Holy Spirit Catholic Church
 Family Registration Form
 Dependent Children, External Family and/or Others Living In the Home
 Page 2

Relationship to Head of Household _____
 First Name _____ Last Name _____ Gender M F _____
 Birth Date _____ H.S. Grad. Yr. _____
 Birthplace _____ School First Language _____
 (ex. son, daughter)

Sacramental Information

Baptism Catholic Yes No Date: mm/dd/yyyy _____
First Communion Date(mm/dd/yyyy) _____
 Church _____ City & State _____
 Church _____ City & State _____
Confirmation Date (mm/dd/yyyy) _____
 Church _____ City & State _____

Relationship to Head of Household _____
 First Name _____ Last Name _____ Gender M F _____
 Birth Date _____ H.S. Grad. Yr. _____
 Birthplace _____ School First Language _____
 (ex. son, daughter)

Sacramental Information

Baptism Catholic Yes No Date: mm/dd/yyyy _____
First Communion Date(mm/dd/yyyy) _____
 Church _____ City & State _____
 Church _____ City & State _____
Confirmation Date (mm/dd/yyyy) _____
 Church _____ City & State _____

Relationship to Head of Household _____
 First Name _____ Last Name _____ Gender M F _____
 Birth Date _____ H.S. Grad. Yr. _____
 Birthplace _____ School First Language _____
 (ex. son, daughter)

Sacramental Information

Baptism Catholic Yes No Date: mm/dd/yyyy _____
First Communion Date(mm/dd/yyyy) _____
 Church _____ City & State _____
 Church _____ City & State _____
Confirmation Date (mm/dd/yyyy) _____
 Church _____ City & State _____

Relationship to Head of Household _____
 First Name _____ Last Name _____ Gender M F _____
 Birth Date _____ H.S. Grad. Yr. _____
 Birthplace _____ School First Language _____
 (ex. son, daughter)

Sacramental Information

Baptism Catholic Yes No Date: mm/dd/yyyy _____
First Communion Date(mm/dd/yyyy) _____
 Church _____ City & State _____
 Church _____ City & State _____
Confirmation Date (mm/dd/yyyy) _____
 Church _____ City & State _____