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

Reg.	Date:
0	Publish Phone
	Publish E-Mail
	Publish Address
	Publish Photo

CONFIDENTIAL PARISH CENSUS

Last Name First Na	me(s)
Mailing Name (ie Mr and Mrs John Doe)	
Physical AddressMailing Address	SS
CityState	Zip Code
Area Code Home Phone	Emerg. Phone
Family E-mail	Envelopes Yes No Env#
Individual Member Information Head of Household	mation
First Name/Middle Name/	First Name/Middle Name/
Maiden name/Nick Name/	Maiden name/Nick Name/
Gender Male/Female Date of Birth(mm/dd/yyyy)	Gender Male/Female Date of Birth (mm/dd/yyyy)
E-Mail	E-Mail
Work Phone/Cell Phone	Work Phone/Cell Phone/
First Language	First Language
Occupation	Occupation
Employer	Employer
Sacramental Inform	nation
Baptism Yes No Catholic Yes No	Baptism Yes No Catholic Yes No
Baptism Date: mm/dd/yyyy Church	Date: mm/dd/yyyyChurch
City & State	City & State of
First Communion Date (mm/dd/yyyy)	First Communion Date(mm/dd/yyyy)
Church City & State	Church City & State
Confirmation Date (mm/dd/yyyy)	Confirmation Date (mm/dd/yyyy)
ChurchCity & State	Church City & State
Marriage Status: Single Widowed Separated Divorced Annulled	Marriage Status: Single Widowed Separated Divorced Annulled
Marriage: Common Law Justice of the Peace Protestant Catholic Date: City & State	Marriage: Common Law Justice of the Peace Protestant Catholic Date: 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	Birth Date Birthplace	Grad. Yr.	School First Language
(ex. son, daughter)		M F			
Baptism Catholic Yes No	Date: mm/dd/yyyy	mental Info		Date(mm/dd/yyy	(v)
Church	City & State	_	Church	City & St	ate
Confirmation Date (m	m/dd/yyyy)	_			
Church	City & State				
			*		
Relationship to Head of Household	First Name Last Name	Gender M F	Birth Date Birthplace	H.S Grad. Yr.	School First Language
(ex. son, daughter)				- 60	
Rantiem Catholia Van Na		mental Info		Datel mm/dd/sa	yy)
	Date: mm/dd/yyyy				
Church	City & State	_	Church	City & St	ate
Confirmation Date (m	m/dd/yyyy)			7	
Church	City & State	4.00			
Relationship to Head of Household	First Name Last Name	Gender	Birth Date Birthplace	H.S Grad. Yr.	School First Language
(ex. son, daughter)		M F			
(ex. 3011, daugitter)	Sacra	mental Inf	ormation	_	
Baptism Catholic Yes No	Date: mm/dd/yyyy		First Communion	Date(mm/dd/yy	уу)
Church	City & State		Church	City & St	tate
Confirmation Date (m	nm/dd/yyyy)				
Church	City & State				
Relationship to Head of Household	First Name Last Name	Gender	Birth Date Birthplace	H.S Grad. Yr.	School First Language
(ex. son, daughter)		M F			
(cx. 3011, daugitter)	Sacra	mental Inf	ormation		
Baptism Catholic Yes No	Date: mm/dd/yyyy		First Communion	Date(mm/dd/yy	/yy)
Church	City & State		Church	City & S	tate
Confirmation Date (n	nm/dd/yyyy)				
Church	City & State		() () () () () () () () () ()		