



Holy Family Parish

HOLY TRINITY • ST. ANN • ST. LOUIS • ST. PHILOMENA

*United under the Cross of Christ,
to be one mind and heart.*

For Office Use:

Date of Registration: _____

HOLY FAMILY PARISH REGISTRATION FORM

Preferred Mass Time:

Saturday Saturday Sunday Sunday Sunday
3:30 PM _____ 5:30 PM _____ 8:00 AM _____ 10:00 AM _____ 11:30 AM _____

FAMILY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ CELL _____

EMAIL ADDRESS _____

MARITAL STATUS: MARRIED___ SINGLE___ WIDOWED___ DIVORCED___

DATE & CHURCH WHERE MARRIAGE RECORDED _____

IF NOT MARRIED IN THE CHURCH, WOULD YOU LIKE TO BE? _____

Are there any concerns or information that you would want the Pastor aware of?

Are there any specific ways in which we can be of service or assistance to you?

HEAD OF HOUSEHOLD – Name and Occupation

SPOUSE – Name and Occupation (please include maiden name)

Please list names, birthdates and appropriate religious information for family members:

Name Birthdate Religion Church of Baptism Church of Confirmation

Talents and/or Passion you wish to share with the Parish Family:

We will not be sending collection envelopes unless requested.

To Enroll in Online Giving, use QR Code or visit

<https://www.wesharegiving.org/app/giving/ourfamilyparish?tab=givenow>

