

Holy Spirit Catholic Parishes - Family Registration

Reg Date: _____

St Paul, Plainview - St Mary, Osmond - St Jane Frances, Randolph - St Michael, Coleridge -
Holy Trinity, Hartington - St Peter, Newcastle - St Joseph, Ponca

PO Box 278, Hartington, NE 68739 (402)254-6559

Parish: SPP ___ SMO ___ SJFR ___ SMC ___ HTH ___ SPN ___ SJP ___

Last Name: _____ First Name: _____ Middle Name: _____

Spouse Last Name: _____ First Name: _____ Middle Name: _____

Mailing Name: _____

(ie Mr. & Mrs. John Doe)

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Family Email: _____

Would you like information regarding contributions via automatic payment? Yes ___ No ___

You and Your Spouse Individual Member Information

YOU

First Name/Nick Name: _____ / _____

Gender: _____

(Maiden) _____

Birthdate: _____

Email: _____

Birthplace: _____

Cell Phone: _____

Role: _____

Marital Status: _____

(Head of Household, Husband, Wife, Etc.)

(Single, Married, Separated, Divorced, Annulment)

Date Married: _____

Valid Catholic Marriage?: ___Y ___N

Check if Sacrament received. Baptism ___ Catholic? ___ Reconciliation ___ Eucharist ___ Confirmation ___
Add date if known. Date: _____ Date: _____ Date: _____ Date: _____

YOUR SPOUSE

First Name/Nick Name: _____ / _____

Gender: _____

(Maiden) _____

Birthdate: _____

Email: _____

Birthplace: _____

Cell Phone: _____

Role: _____

(Head of Household, Husband, Wife, Etc.)

Check if Sacrament received. Baptism ___ Catholic? ___ Reconciliation ___ Eucharist ___ Confirmation ___
Add date if known. Date: _____ Date: _____ Date: _____ Date: _____

Are there any members of your household who would like to be visited by a priest?

Office Use

Date Received:

Envelope #:

Family Information: Dependent Children and Dependent Adults

1)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

2)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

3)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

4)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

5)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

Add additional sheets as needed.