



Catholic Community of the Holy Spirit

Family Registration

17 Earlington Ave, Mullica Hill, NJ 08062

For office use only

Reg. Date:

Envelope #:

Last Name: _____ First Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Individual Member Information

First Name/ Nickname: _____ First Name/ Nickname: _____

Gender: M or F Date of Birth: ___/___/___ Gender: M or F Date of Birth: ___/___/___

Occupation/ Employer: _____ Occupation/ Employer: _____

Sacramental Information

Baptized?: Y or N First Eucharist?: Y or N Confirmed?: Y or N

Marital Status: _____

Were you married by a Catholic Priest?: Y or N

Location of marriage: _____

Sacramental Information

Baptized?: Y or N First Eucharist?: Y or N Confirmed?: Y or N

Maiden Name _____

Dependent Children Information

1. First Name: _____ Last Name: _____

Gender: M or F Date of Birth: ___/___/___

Sacramental Information: Baptized?: Y or N First Eucharist?: Y or N Confirmed?: Y or N

2. First Name: _____ Last Name: _____

Gender: M or F Date of Birth: ___/___/___

Sacramental Information: Baptized?: Y or N First Eucharist?: Y or N Confirmed?: Y or N

3. First Name: _____ Last Name: _____

Gender: M or F Date of Birth: ___/___/___

Sacramental Information: Baptized?: Y or N First Eucharist?: Y or N Confirmed?: Y or N

4. First Name: _____ Last Name: _____

Gender: M or F Date of Birth: ___/___/___

Sacramental Information: Baptized?: Y or N First Eucharist?: Y or N Confirmed?: Y or N

I would like more information on: _____ Religious Education for Children _____ Having a child Baptized

_____ Having my marriage blessed _____ Getting involved in a ministry _____ RCIA