



# 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

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

Marital Status: \_\_\_\_\_ Maiden Name \_\_\_\_\_

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

Location of marriage: \_\_\_\_\_ Date of Marriage \_\_\_/\_\_\_/\_\_\_

### 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