

St. Henry Parish Registration Form

DATE

LAST NAME

ID #

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PLEASE PRINT CLEARLY

Family Last Name	Street Address	Apt/Condo #	City	Zip
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Home or Cell	Email Address
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CIRCLE ONE: Married Divorced Widow Separated Single

WEDDING ANNIVERSARY DATE: / /
Month Day Year

PREVIOUS PARISH: _____ CITY _____ STATE _____

Family members-please list yourself, spouse and children under 18 that are living with you.

NAME: _____ NAME YOU GO BY _____ MALE FEMALE

DATE OF BIRTH _____ RELIGION _____

SACRAMENTS (check all that apply) Baptism _____ 1st Communion _____ Confirmation _____ RCIA If so, what year? _____

OCCUPATION _____ WORK PHONE (optional) _____

Family members-please list yourself, spouse and children under 18 that are living with you.

NAME: _____ NAME YOU GO BY _____ MALE FEMALE

DATE OF BIRTH _____ RELIGION _____

SACRAMENTS (check all that apply) Baptism _____ 1st Communion _____ Confirmation _____ RCIA If so, what year? _____

OCCUPATION _____ WORK PHONE (optional) _____

Please complete the additional member information on the reverse side of this form.

3. NAME: _____ NAME YOU GO BY _____ MALE FEMALE
DATE OF BIRTH _____ RELIGION _____ SCHOOL _____
SACRAMENTS (check all that apply) Baptism _____ 1st Communion _____ Confirmation _____ RCIA If so, what year? _____

4. NAME: _____ NAME YOU GO BY _____ MALE FEMALE
DATE OF BIRTH _____ RELIGION _____ SCHOOL _____
SACRAMENTS (check all that apply) Baptism _____ 1st Communion _____ Confirmation _____ RCIA If so, what year? _____

5. NAME: _____ NAME YOU GO BY _____ MALE FEMALE
DATE OF BIRTH _____ RELIGION _____ SCHOOL _____
SACRAMENTS (check all that apply) Baptism _____ 1st Communion _____ Confirmation _____ RCIA If so, what year? _____

6. NAME: _____ NAME YOU GO BY _____ MALE FEMALE
DATE OF BIRTH _____ RELIGION _____ SCHOOL _____
SACRAMENTS (check all that apply) Baptism _____ 1st Communion _____ Confirmation _____ RCIA If so, what year? _____

7. NAME: _____ NAME YOU GO BY _____ MALE FEMALE
DATE OF BIRTH _____ RELIGION _____ SCHOOL _____
SACRAMENTS (check all that apply) Baptism _____ 1st Communion _____ Confirmation _____ RCIA If so, what year? _____

8. NAME: _____ NAME YOU GO BY _____ MALE FEMALE
DATE OF BIRTH _____ RELIGION _____ SCHOOL _____
SACRAMENTS (check all that apply) Baptism _____ 1st Communion _____ Confirmation _____ RCIA If so, what year? _____

Does anyone in your family have special needs at Mass? If yes, please explain:

Please list any special skills or talents that you would like us to know about: