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Holy Family Catholic Church

P.O. Box 130, Clemmons, NC 27012 • Telephone: (336) 778-0600 • Fax: (336) 766-2918

PARISH REGISTRATION FORM

Please complete all applicable sections / Print Legibly

Family Last Name: _____ Previous Parish _____ City _____ State _____

Street Address _____ Home Phone _____ Cell Phone _____

City _____ State _____ Zip _____ - _____

Address Mail to: (Circle One) [Mr. & Mrs.]; [Mr.]; [Mrs.]; Ms.] [Dr. & Mrs.] [Ms.] [Miss]; Other: _____ Number in Family at Home: _____

Family Members:	Head of Household	Spouse	Child	Child	Child	Other Adult Or Child
First name Last Name (if different) (Maiden name, if married)						
Date of Birth and Sex (Circle): Marital Status: (Circle one)	____/____/____ M F Single / Married Divorced / Widowed Separated	____/____/____ M F Single / Married Divorced / Widowed Separated	____/____/____ M F Single / Married Divorced / Widowed Separated	____/____/____ M F Single / Married Divorced / Widowed Separated	____/____/____ M F Single / Married Divorced / Widowed Separated	____/____/____ M F Single / Married Divorced / Widowed Separated
Handicapped / Disabled?	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Current Religion:						
School Name (if enrolled):						
Current Grade / Degree:						
Ethnic Group: (Circle one)	White/Caucasian, Black/African American, Hispanic, Native American, Asian, Other	White/Caucasian, Black/African American, Hispanic, Native American, Asian, Other	White/Caucasian, Black/African American, Hispanic, Native American, Asian, Other	White/Caucasian, Black/African American, Hispanic, Native American, Asian, Other	White/Caucasian, Black/African American, Hispanic, Native American, Asian, Other	White/Caucasian, Black/African American, Hispanic, Native American, Asian, Other
Language Spoken:						
Occupation:						
Place of Employment and Business Phone:						
E-mail address:						

PLEASE COMPLETE OTHER SIDE

First name:						
Sacrament of Baptism [Date optional]	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____
Sacrament of Penance (1st Reconciliation) [Date optional]	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____
Sacrament of 1 st Communion [Date optional]	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____
Sacrament of Confirmation [Date optional]	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____
Sacrament of Marriage Were you Married in a Catholic Church? If yes Date of Marriage Place of Marriage	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____	Yes or No ____/____/____

NOTE⇒ Please help us be more responsive to emergencies by providing us with the name of a contact person from among your family or friends:

Name: _____ Phone: _____

Relation to You: _____

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P.O. Box 130
Clemmons, NC 27012
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www.holyfamilyclemmons.com