

Thank you for choosing Holy Family as your parish!

Date: _____ New Member Change in registration information How long have you been attending Holy Family? _____

Family Last Name: _____ Home Phone: _____ Languages: _____

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

Self: Email: _____ Employer: _____ w phone: _____ Ethnicity: _____

(optional)

Spouse: Email: _____ Employer: _____ w phone: _____ Ethnicity: _____

(optional)

Wedding Anniversary Date _____ Correspondence addressed to (including title/s): _____

	Full Name	Nickname	Living at Birth		Birth Date	Marital Status	Religion	Occupation/ School Grade	Cell Phone
			Gender	Home					
			M/F	Y/N	(mm/dd/yy)	(S,M,W,D)			
Self									
Spouse									
Child									
Child									
Child									
Child									
Other									

In which Ministry/ies do you wish to serve at Holy Family? _____ If unsure, may we contact you about it? ___yes ___no

What brings you to Holy Family at this time? _____

I received Holy Family's Welcome Packet: ___yes ___no