



HOLY FAMILY CHURCH

Office Use Only. Envelope # _____
 Registration Wel
 Contact



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: _____ wphone: _____ Ethnicity: _____
 (optional)

Spouse: Email: _____ Employer: _____ wphone: _____ Ethnicity: _____
 (optional)

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

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

Do you know how you might like to volunteer at Holy Family? _____ I received Holy Family's Welcome Packet: __yes __no

What brings you to Holy Family at this time? _____

Living Your Gifts is a fun, interactive and prayerful workshop designed to help you discover the best way to serve God based on your gifts, strengths and abilities!
 Would you like more information about it? _____yes _____no