

**SACRED HEART CHURCH  
FAMILY REGISTRATION FORM**

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_  
**# of People in Your Household:** \_\_\_\_\_

**Head of Household:** \_\_\_\_\_ Male / Female  
First "Nickname" Middle (Maiden) Last

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Born in the City of** \_\_\_\_\_, **State of** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_  
White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic?

**Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church where you were baptized City State

**1<sup>st</sup> Comm:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State

**Confirmation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State

**Marriage:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State

**Spouse/Significant Other:** \_\_\_\_\_ Male / Female  
First "Nickname" Middle (Maiden) Last

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Born in the City of** \_\_\_\_\_, **State of** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_  
White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic?

**Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church where you were baptized City State

**1<sup>st</sup> Comm:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State

**Confirmation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State

**Marriage:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State

**Additional Member:** \_\_\_\_\_ Male / Female  
First "Nickname" Middle (Maiden) Last  
**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Born in the City of** \_\_\_\_\_, **State of** \_\_\_\_\_  
**Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_  
White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other  
**Religion:** \_\_\_\_\_ **Relation to Head:** \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic? Son/Daughter/Parent  
**Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church where you were baptized City State  
**1<sup>st</sup> Comm:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State  
**Confirmation:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State  
**Marriage:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State

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White/Black/Hispanic/Asian What country is your family from? Deaf/Blind/Wheelchair/Seizures/Other  
**Religion:** \_\_\_\_\_ **Relation to Head:** \_\_\_\_\_  
In what faith were you baptized? If not Catholic, are you considering becoming Catholic? Son/Daughter/Parent  
**Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church where you were baptized City State  
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Date Name of the Church City State  
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Date Name of the Church City State  
**Marriage:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
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**Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church where you were baptized City State  
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Date Name of the Church City State  
**Confirmation:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church City State  
**Marriage:** \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Name of the Church (or facility) where you were married City State