

**SACRED HEART CHURCH
REGISTRATION FORM**

Family Name: _____
Address: _____

Tel: (u) (l) (_____) _____
Cell Phone: (_____) _____
Email: _____

Office use only

BAA: AD Times
Envelope No.: _____
Supplemental:
Date Registered: ____/____/____

Head of Household First Name: _____ Nickname: _____

Sex: M ___ F ___ Birth Date: ____/____/____ Denomination: _____

Baptized Date: ____/____/____ Baptized At: _____

1st Communion Date: ____/____/____ Confirmation Date: ____/____/____

Circle One: Single / Married / Divorced / Separated / Annulled / Co-Habiting / Widow

Marriage Date: ____/____/____ Church: _____ R.C: yes no

Convalidation Date: ____/____/____ Maiden Name: _____

Active: RCIA: Convert: Prof of Faith: Date: ____/____/____

Occupation: _____ Employer: _____

Employer's Address: _____

Special Needs: Non-English Speaking: _____ Disability: _____

Refugee: Nursing Home: _____ House Bound: Com. Shut-In List:

(If Applicable) Spouse Name: _____ Nickname: _____

Sex: M ___ F ___ Birth Date: ____/____/____ Denomination: _____

Baptized Date: ____/____/____ Baptized At: _____

1st Communion Date: ____/____/____ Confirmation Date: ____/____/____

Circle One: Single / Married / Divorced / Separated / Annulled / Co-Habiting / Widow

Marriage Date: ____/____/____ Church: _____ R.C: yes no

Convalidation Date: ____/____/____ Maiden Name: _____

Active: RCIA: Convert: Prof of Faith: Date: ____/____/____

Occupation: _____ Employer: _____

Employer's Address: _____

Special Needs: Non-English Speaking: _____ Disability: _____

Refugee: Nursing Home: _____ House Bound: Com. Shut-In List:

CENSUS FORM

(Circle One) Other Adult or Child

Name: _____ Nickname: _____

Sex: M ___ F ___ Birth Date: ___/___/___ Denomination: _____

Baptized Date: ___/___/___ Baptized At: _____

1st Communion Date: ___/___/___ Confirmation Date: ___/___/___

Circle One: Single / Married / Divorced / Separated / Annulled / Co-Habiting / Widow

Marriage Date: ___/___/___ Church: _____ R.C: yes no

Convalidation Date: ___/___/___ Maiden Name: _____

Active: RCIA: Convert: Prof of Faith: Date: ___/___/___

School Name: _____ Grade: _____ PREP Level: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Special Needs: Non-English Speaking: _____ Disability: _____

Refugee: Nursing Home: _____ House Bound: Com. Shut-In List:

(Circle One) Other Adult or Child

Name: _____ Nickname: _____

Sex: M ___ F ___ Birth Date: ___/___/___ Denomination: _____

Baptized Date: ___/___/___ Baptized At: _____

1st Communion Date: ___/___/___ Confirmation Date: ___/___/___

Circle One: Single / Married / Divorced / Separated / Annulled / Co-Habiting / Widow

Marriage Date: ___/___/___ Church: _____ R.C: yes no

Convalidation Date: ___/___/___ Maiden Name: _____

Active: RCIA: Convert: Prof of Faith: Date: ___/___/___

School Name: _____ Grade: _____ PREP Level: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Special Needs: Non-English Speaking: _____ Disability: _____

Refugee: Nursing Home: _____ House Bound: Com. Shut-In List:

Notes: