

# Holy Spirit Parish

8570 Vaughn Road  
Montgomery, AL 36117

## Family Registration

Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Family Email: \_\_\_\_\_

### Individual Member Information

|   |   |   |
|---|---|---|
| Role: (Head of House,<br>Husband, Wife)   | _____   | _____   |
| First Name / Nickname:                    | _____ / _____   | _____ / _____   |
| Gender: (Circle)                          | Male / Female   | Male / Female   |
| DOB (mm/dd/yyyy):                         | ___/___/___   | ___/___/___   |
| Email:                                    | _____   | _____   |
| Work Phone/Cell Phone:                    | _____ / _____   | _____ / _____   |
| First Language:                           | _____   | _____   |
| Occupation / Employer:                    | _____ / _____   | _____ / _____   |
| Sacramental Information:                  | Baptized <input type="checkbox"/> Catholic <input type="checkbox"/><br>Other <input type="checkbox"/> _____ | Baptized <input type="checkbox"/> Catholic <input type="checkbox"/><br>Other <input type="checkbox"/> _____ |
|   | First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>                              | First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>                              |
| Marital Status:                           | _____   | Valid Catholic Marriage <input type="checkbox"/> Wedding Date _____   |
| (Single, Married,<br>Separated, Divorced) |   |   |

### Dependent Information

| Relationship to<br>Head of Household<br>(Daughter, Son, Mother, etc.) | First Name   | Last Name  | Gender | Birth Date  | School |
|---|--|--|--------|---|--------|
| 1. _____  | _____  | _____  | M / F  | _____   | _____  |
|   | Check if Sacrament Received.<br>Add Date if known. | Baptized <input type="checkbox"/> Catholic <input type="checkbox"/><br>___/___/___ |        | First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/><br>___/___/___ |        |
| 2. _____  | _____  | _____  | M / F  | _____   | _____  |
|   | Check if Sacrament Received.<br>Add Date if known. | Baptized <input type="checkbox"/> Catholic <input type="checkbox"/><br>___/___/___ |        | First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/><br>___/___/___ |        |
| 3. _____  | _____  | _____  | M / F  | _____   | _____  |
|   | Check if Sacrament Received.<br>Add Date if known. | Baptized <input type="checkbox"/> Catholic <input type="checkbox"/><br>___/___/___ |        | First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/><br>___/___/___ |        |

Please return completed form to the parish office by way of mail, drop off, fax or put into the offertory collection at Mass.  
If you need additional room for more family members, please use the back of this form. Thank You.