

Family Registration

Holy Spirit Parish

8570 Vaughn Road
Montgomery, AL 36117

Last Name: _____ First Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Family Email: _____

Preferred method of correspondence: text email phone call

Individual Member Information

Role: (Head of House,
Husband, Wife)

First Name / Nickname: _____ / _____

_____ / _____

Gender: (Circle) Male / Female

Male / Female

DOB (mm/dd/yyyy): ____/____/____

____/____/____

Email: _____

Cell Phone: _____

First Language: _____

Occupation / Employer: _____ / _____

_____ / _____

Sacramental Information: Baptized Catholic
Other _____

Baptized Catholic
Other _____

First Eucharist Confirmation

First Eucharist Confirmation

Marital Status: _____ Valid Catholic Marriage Wedding Date _____
(Single, Married,
Separated, Divorced)

Dependent Information

| Role (Daughter, Son, Mother, etc.) | First Name | Last Name | Gender | Birth Date | School Attending |
|---------------------------------------|------------|-----------|--------|------------|------------------|
|---------------------------------------|------------|-----------|--------|------------|------------------|

| | | | | | |
|----------|-------|-------|-------|-------|-------|
| 1. _____ | _____ | _____ | M / F | _____ | _____ |
|----------|-------|-------|-------|-------|-------|

| | | | | |
|------------------------------|-----------------------------------|-----------------------------------|--|---------------------------------------|
| Check if Sacrament Received. | Baptized <input type="checkbox"/> | Catholic <input type="checkbox"/> | First Eucharist <input type="checkbox"/> | Confirmation <input type="checkbox"/> |
| Add Date if known. | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |

| | | | | | |
|----------|-------|-------|-------|-------|-------|
| 2. _____ | _____ | _____ | M / F | _____ | _____ |
|----------|-------|-------|-------|-------|-------|

| | | | | |
|------------------------------|-----------------------------------|-----------------------------------|--|---------------------------------------|
| Check if Sacrament Received. | Baptized <input type="checkbox"/> | Catholic <input type="checkbox"/> | First Eucharist <input type="checkbox"/> | Confirmation <input type="checkbox"/> |
| Add Date if known. | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |

| | | | | | |
|----------|-------|-------|-------|-------|-------|
| 3. _____ | _____ | _____ | M / F | _____ | _____ |
|----------|-------|-------|-------|-------|-------|

| | | | | |
|------------------------------|-----------------------------------|-----------------------------------|--|---------------------------------------|
| Check if Sacrament Received. | Baptized <input type="checkbox"/> | Catholic <input type="checkbox"/> | First Eucharist <input type="checkbox"/> | Confirmation <input type="checkbox"/> |
| Add Date if known. | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |

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.