



HOLY FAMILY CATHOLIC CHURCH

9531 Liberty Road | Randallstown, Maryland 21133 | 410.922.3800

PARISH REGISTRATION FORM

Please print. Thank you.

Registration Date: ___/___/___ This is a (check one): ___ new registration or ___ a change of prior registration

Name (Last, First Middle) _____, _____

Mailing Name (e.g., Mr. & Mrs. John Doe): _____

Address: (Street) _____

(City) _____ (State) _____ (Zip Code) _____

Household Phone Number: _____ - _____ - _____ In Case of Emergency Phone Number: _____ - _____ - _____

Household email: _____

INDIVIDUAL MEMBER INFORMATION

Information provided will help our Parish serve your spiritual needs better. Approximate dates or just the year are fine.

Role (circle one)	Head of Household Husband Wife Other	Head of Household Husband Wife Other
First Name		
Last Name		
Gender	(circle one) Male Female	(circle one) Male Female
Date of Birth	(mm/dd/yyyy)	(mm/dd/yyyy)
E-mail		
Work Telephone	_____ - _____ - _____	_____ - _____ - _____
Cell Phone	_____ - _____ - _____	_____ - _____ - _____
Baptism? (circle one)	Baptized? Yes No Year: _____ Catholic Baptism? Yes No If no, which church? _____	Baptized? Yes No Year: _____ Catholic Baptism? Yes No If no, which church? _____
First Reconciliation? (circle one)	Yes No	Yes No
First Eucharist? (circle one)	Catholic First Eucharist? Yes No If yes, then what year? _____	Catholic First Eucharist? Yes No If yes, then what year? _____
Confirmation? (circle one)	Catholic Confirmation? Yes No If yes, then what year? _____	Catholic Confirmation? Yes No If yes, then what year? _____
Marital Status? (circle one)	Single Married Separated Divorce Annulled Married in the Catholic Church? Yes No Date: ___/___/___	Single Married Separated Divorce Annulled Married in the Catholic Church? Yes No Date: ___/___/___

Please turn this page over to list dependent children living in your household.

DEPENDENT CHILDREN LIVING IN YOUR HOUSEHOLD (If needed, please use more than one form.)

First Child (circle one) Male Female	Second Child (circle one) Male Female
First Name	First Name
Middle Name	Middle Name
Last Name	Last Name
Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)
Baptized? (circle one) Yes No Year: _____	Baptized? (circle one) Yes No Year: _____
First Reconciliation? (circle one) Yes No	First Reconciliation? (circle one) Yes No
First Eucharist? (circle one) Yes No Year: _____	First Eucharist? (circle one) Yes No Year: _____
Confirmation? (circle one) Yes No Year: _____	Confirmation? (circle one) Yes No Year: _____
Third Child (circle one) Male Female	Fourth Child (circle one) Male Female
First Name	First Name
Middle Name	Middle Name
Last Name	Last Name
Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)
Baptized? (circle one) Yes No Year: _____	Baptized? (circle one) Yes No Year: _____
First Reconciliation? (circle one) Yes No	First Reconciliation? (circle one) Yes No
First Eucharist? (circle one) Yes No Year: _____	First Eucharist? (circle one) Yes No Year: _____
Confirmation? (circle one) Yes No Year: _____	Confirmation? (circle one) Yes No Year: _____

PLEASE CHECK (✓) IF INTERESTED:

___ I want to enroll my child(ren) in the Sunday School of Religion (Kindergarten to 8th grade & Confirmation Preparation).

___ I need information about sacramental preparation programs for my child(ren).

___ I need information about sacramental preparation programs for adults.

___ A family member wants to become a Catholic. Name? _____

___ We are not married in the Catholic Church. We want to learn how we can do that.

Welcome to Holy Family Parish! We praise God that you have joined our community.

**Please put this form in the Sunday Offering
or mail to the Parish Office (9531 Liberty Road, Randallstown, MD 21133)**