

# HOLY CROSS PARISH

## Family Registration

18633 E. Front St. (address)

PO Box 52, Linden, CA 95236 (mailing address)

Phone 887-3341



Registration Date: \_\_\_/\_\_\_/\_\_\_

Offertory Contribution Envelopes ? Y / N

(for office use only Env# \_\_\_\_\_)

### Family Information:

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

First Name(s) \_\_\_\_\_

Family Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

*Permission to publish in Parish Directory*

Mailing Address \_\_\_\_\_

Publish Phone? Y / N Publish Address? Y / N Publish Email? Y / N

City: \_\_\_\_\_ State: \_\_\_\_\_

School: \_\_\_\_\_

Zip: \_\_\_\_\_ - \_\_\_\_\_

### Couple/Head of Household Information

Marital Status: \_\_\_\_\_ Married by Priest/Deacon? Y / N Anniversary Date: \_\_\_/\_\_\_/\_\_\_ Wedding Church/City: \_\_\_\_\_

### Husband/Head:

### Wife:

Active Catholic: \_\_\_\_\_ Active / Inactive / Other: \_\_\_\_\_

Active / Inactive / Other \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
(Maiden)

DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Sacramental Info: Baptized? Y / N Catholic? Y / N RCIA? Y / N

Baptized? Y / N Catholic? Y / N RCIA? Y / N

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N

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Occupation: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

### Children Information

#### Child Name:

DOB Sex Grad Year

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ M / F \_\_\_\_\_ Special Needs: \_\_\_\_\_

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ M / F \_\_\_\_\_ Special Needs: \_\_\_\_\_

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Please enter the correct information in space provided.

Rev: Nov 14

**YOU WILL NOT BE REGISTERED UNTIL THIS FORM IS RETURNED TO THE PARISH**