

St. Henry Parish Registration Form

For Office Use:

date recorded	Last Name	ID #
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Family Information

Family Last Name _____ Street Address _____ City _____ Zip _____

Home Phone _____ E-Mail Address _____

Circle one: Married Divorced Widow Separated Single If married, what is your **Wedding Anniversary** date: ____/____/____
month day year

Previous parish: _____ city _____ state _____

Member Information- please list yourself, spouse and children under 18 that are living with you.

Name _____ (name you go by) _____ Male Female
(Head of Household)

Date of Birth _____ Religion _____

Sacraments: ____Baptism ____First Eucharist ____Confirmation Did you enter the church through RCIA? If so, what year? _____

Occupation _____ Employer/School _____

Work Phone _____

Member Information

Name _____ (name you go by) _____ Male Female
(Spouse, if applicable)

Date of Birth _____ Religion _____

Sacraments: ____Baptism ____First Eucharist ____Confirmation Did you enter the church through RCIA? If so, what year? _____

Occupation _____ Employer/School _____

Work Phone, if applicable _____

Additional member information on the reverse side of form

*Name _____ Male Female

Date of Birth _____ Religion _____ School _____

Sacraments: ___Baptism ___First Eucharist ___Confirmation Did you enter the church through RCIA? If so, what year? _____

*Name _____ Male Female

Date of Birth _____ Religion _____ School _____

Sacraments: ___Baptism ___First Eucharist ___Confirmation Did you enter the church through RCIA? If so, what year? _____

*Name _____ Male Female

Date of Birth _____ Religion _____ School _____

Sacraments: ___Baptism ___First Eucharist ___Confirmation Did you enter the church through RCIA? If so, what year? _____

*Name _____ Male Female

Date of Birth _____ Religion _____ School _____

Sacraments: ___Baptism ___First Eucharist ___Confirmation Did you enter the church through RCIA? If so, what year? _____

*Name _____ Male Female

Date of Birth _____ Religion _____ School _____

Sacraments: ___Baptism ___First Eucharist ___Confirmation Did you enter the church through RCIA? If so, what year? _____

*Name _____ Male Female

Date of Birth _____ Religion _____ School _____

Sacraments: ___Baptism ___First Eucharist ___Confirmation

Please list any special skills or talents that you would like us to know about:

Does anyone in your family have special needs at Mass: yes___ no___
If yes, please explain:

signature _____ date _____