

Holy Family Catholic Church – 425 S. State St., Sparta, MI 49345 Parish Membership Information Sheet

For Church Office use only

Envelope #

Date Registered:

Address	Family Last Name
Ho	Неа

Today's Date	Home Phone	Head of Household
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Head of Household MALE

City, State, Zip

FULL First Name Last Name FULL Middle Name Confirmation Date/Location Communion Date/Location Reconciliation Date/Location Baptism Married by Catholic Priest? City/State Name of Church Date of Wedding Marital Status(circle one) Occupation/Employer Cell Phone Email Address Date of Birth Goes by/Nickname Date/Location Sacraments Received Single Catholic Marriage Divorced Widow Other Marriage

Head of Household FEMALE

Confirmation Date/Location	Communion Date/Location	Reconciliation Date/Location	Baptism Date/Location	Sacramer	Married by Catholic Priest?	City/State	Name of Church	Date of Wedding	Marital Status(circle one)	Occupation/Employer	Cell Phone	Email Address	Date of Birth	Goes by/Nickname	FULL Middle Name	FULL First Name	Last Name
				Sacraments Received					Single Catholic Marriage D								
									Divorced Widow								
									Divorced Widow Other Marriage								

Child Information on Back

HOLY FAMILY CATHOLIC CHURCH - Parish Membership Information Sheet Continued

Child at Home = children under 18 or college students

NOTE: Children over 18, non-college, earning wages should register separately

Child at Home

	\dagger	yes / no	Confirmation yes / no		Relationship	Male Female	Gender
		yes / no	Communion		Birthdate		Last Name
		yes / no	Reconciliation yes / no	Grade	Attending Religious Ed		Middle Name
		yes / no	Baptism		Grade		Goes by/ Nickname
Date / Location	Date	eived	Sacraments Received		School Attending		First Name

Child at Home

	yes / no	Confirmation ye		Relationship	Male Female	Gender
	yes / no	Communion ye		Birthdate		Last Name
	s / no	Reconciliation yes / no	Grade	Attending Religious Ed		Middle Name
	yes / no	Baptism yes		Grade		Goes by/ Nickname
Date / Location		Sacraments Received		School Attending		First Name

Child at Home

Gender	Last Name	Middle Name	Goes by/ Nickname	First Name
Male F				
Female				
Relationship	Birthdate	Attending Religious Ed	Grade	School Attending
		Grade		
Confirmation yes / no	Communion yes / no	Reconciliation yes / no	Baptism yes / no	Sacraments Received
				Date / Location

Child at Home

First Name			School Attending		Sacraments Received	ived	ם	ate /	Date / Location
Goes by/ Nickname			Grade		Baptism	yes / no	5		
Middle Name			Attending Religious Ed	Grade	Reconciliation yes / no	yes / I	no		:
Last Name			Birthdate		Communion yes / no	yes / r	ਰ 		
Gender	Male	Female	Relationship		Confirmation yes / no	yes / r	ਰ		

Child at Home

First Name			School Attending		Sacraments Received	Date / Location
Goes by/ Nickname			Grade		Baptism yes / no	
Middle Name	. . 		Attending Religious Ed	Grade	Reconciliation yes / no	
Last Name			Birthdate		Communion yes / no	
Gender	Male	Female	Relationship		Confirmation yes / no	
Any special assistance needed for a family member?	e needed for a	a family men	her?			

Iny special assistance needed for a family member?