

HOLY FAMILY CATHOLIC CHURCH



Parishioner Registration
919 NE 96th Street
Kansas City, Missouri 64155
816-436-9200

Family Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Check here if you do not want contact information published. _____

Adult #1

Full Name _____ DOB _____

Religion _____ Occupation _____

Employer _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Ethnicity _____ Maiden Name _____

	Date	Church	City, State
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Adult #2

Full Name _____ DOB _____

Religion _____ Occupation _____

Employer _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Ethnicity _____ Maiden Name _____

	Date	Church	City, State
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Marriage Information

Marital Status _____ Single _____ Catholic Marriage _____ Other Marriage _____ Separated _____ Divorced _____ Widowed

Marriage _____
Date _____ Church _____ City, State _____

Please list dependent children only. In our diocese, Catholics are expected to register with a parish in order to be eligible for services such as marriage, baptism, etc. Adult, non-dependent children should be registered as a separate household to establish eligibility for services. If you have an adult, non-dependent child who is attending Holy Family Parish, please ask him/her to register as a parishioner.

Child #1

Full Name _____ **DOB** _____ **Gender** _____

	Date	Church	City, State
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Baptism	_____	_____	_____
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Reconciliation	_____	_____	_____
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Eucharist	_____	_____	_____
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Confirmation	_____	_____	_____
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School Name _____ **Grade ('10-'11)** _____

Cell Phone _____ **E-Mail Address** _____

Child #2

Full Name _____ **DOB** _____ **Gender** _____

	Date	Church	City, State
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Baptism	_____	_____	_____
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Reconciliation	_____	_____	_____
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Eucharist	_____	_____	_____
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Confirmation	_____	_____	_____
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School Name _____ **Grade ('10-'11)** _____

Cell Phone _____ **E-Mail Address** _____

Child #3

Full Name _____ **DOB** _____ **Gender** _____

	Date	Church	City, State
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Baptism	_____	_____	_____
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Reconciliation	_____	_____	_____
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Eucharist	_____	_____	_____
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Confirmation	_____	_____	_____
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School Name _____ **Grade ('10-'11)** _____

Cell Phone _____ **E-Mail Address** _____

Child #4

Full Name _____ DOB _____ Gender _____

	Date	Church	City, State
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____
School Name	_____		Grade ('10-'11) _____

Cell Phone _____ E-Mail Address _____

Child #5

Full Name _____ DOB _____ Gender _____

	Date	Church	City, State
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____
School Name	_____		Grade ('10-'11) _____

Cell Phone _____ E-Mail Address _____