

PARISH REGISTRATION FORM

PLEASE CHECK THE CHURCH YOU ATTEND:

Holy Redeemer

Holy Trinity

Our Lady Of The Snows

Holy Family

Mass Preference?

Sat @ 5:30PM

Sun @ 8:00AM

Name: _____ **Occupation:** _____

Religion: _____ **Date Of Birth:** _____

Sacraments Received:
 Baptism Reconciliation Eucharist Confirmation Holy Matrimony Anointing of the Sick

Spouse: _____ **Occupation:** _____

Religion: _____ **Date of Birth:** _____

Sacraments Received:
 Baptism Reconciliation Eucharist Confirmation Holy Matrimony Anointing of the Sick

Email: _____ **Home Phone:** _____ **Other Phone:** _____

Street address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Mailing Address: _____ **City:** _____ **State/Zip:** _____

Full time Resident: Y N **Season:** _____ **Wedding Date:** _____ **Today's Date:** _____

If No, out of town address and contact information:

Other Household Members (turn over for more than 4)	Relationship	Date of Birth
1. _____	_____	_____
<p>Sacraments Received: Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Matrimony <input type="checkbox"/> Anointing of the Sick <input type="checkbox"/></p>		
2. _____	_____	_____
<p>Sacraments Received: Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Matrimony <input type="checkbox"/> Anointing of the Sick <input type="checkbox"/></p>		
3. _____	_____	_____
<p>Sacraments Received: Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Matrimony <input type="checkbox"/> Anointing of the Sick <input type="checkbox"/></p>		
4. _____	_____	_____
<p>Sacraments Received: Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Matrimony <input type="checkbox"/> Anointing of the Sick <input type="checkbox"/></p>		

Comments: _____

THIS INFORMATION IS KEPT CONFIDENTIAL AND IS USED FOR CHURCH PURPOSES ONLY!

PLEASE COMPLETE AND MAIL TO:

HOLY REDEEMER PARISH, PO BOX 299 LAPINE, OR 97739