



Sacred Heart Church

Founded in 1910

2019 REGISTRATION FORM

DATE ____/____/____ MONTH DAY YEAR	ARE YOU (CHECK BOX)				
	<input type="checkbox"/> UPDATING INFORMATION			<input type="checkbox"/> A NEW REGISTRATION	
MASS YOUR FAMILY REGULARLY ATTENDS	<input type="checkbox"/> 5PM SAT	<input type="checkbox"/> 7:30AM SUN	<input type="checkbox"/> 9AM SUN	<input type="checkbox"/> 11AM SUN	<input type="checkbox"/> 5PM SUN

ADULTS

_____/_____/_____
 FIRST NAME LAST NAME DATE OF BIRTH: MONTH / DAY / YEAR

 EMAIL ADDRESS GENDER

 HOME PHONE CELL PHONE

 MAILING ADDRESS

 OCCUPATION RELIGION

_____/_____/_____
 FIRST NAME LAST NAME DATE OF BIRTH: MONTH / DAY / YEAR

 EMAIL ADDRESS GENDER

 HOME PHONE CELL PHONE

 MAILING ADDRESS (IF NOT SAME AS ABOVE)

 OCCUPATION RELIGION

CHILDREN

_____/_____/_____
 FIRST NAME LAST NAME GENDER DATE OF BIRTH: MONTH / DAY / YEAR

_____/_____/_____
 FIRST NAME LAST NAME GENDER DATE OF BIRTH: MONTH / DAY / YEAR

_____/_____/_____
 FIRST NAME LAST NAME GENDER DATE OF BIRTH: MONTH / DAY / YEAR

_____/_____/_____
 FIRST NAME LAST NAME GENDER DATE OF BIRTH: MONTH / DAY / YEAR

_____/_____/_____
 FIRST NAME LAST NAME GENDER DATE OF BIRTH: MONTH / DAY / YEAR

PLEASE ENSURE ALL INFORMATION IS CORRECT AND COMPLETE OTHER SIDE



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MARITAL STATUS

<input type="checkbox"/> CIVIL MARRIAGE	<input type="checkbox"/> CATHOLIC CHURCH MARRIAGE	<input type="checkbox"/> _____ OTHER
CATHOLIC CHURCH OF MARRIAGE (FULL NAME)		
CITY		COUNTRY

DONATIONS

DO YOU USE DONATION ENVELOPES/BOX?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
			BOX NUMBER
DIRECT DEPOSIT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If you currently not using any of these methods, but would like to do so, please contact the parish office

Tell us a little about yourself: (work/life experience, educational background, hobbies, volunteer experience in the Church and in your community).

VOLUNTEER OPPORTUNITIES

WEEKDAY VOLUNTEERS

<input type="checkbox"/> EXTRAORDINARY MINISTER OF HOLY COMMUNION (EMHC)	<input type="checkbox"/> ST. VINCENT DE PAUL	<input type="checkbox"/> ROSARY LEADER
<input type="checkbox"/> LECTOR	<input type="checkbox"/> ALTAR SERVING	<input type="checkbox"/> MT. ROYAL CARE HELPER
<input type="checkbox"/> HOSPITALITY DESK	<input type="checkbox"/> CATHOLIC WOMEN'S LEAGUE	<input type="checkbox"/> OTHER:
<input type="checkbox"/> MONEY COUNTER	<input type="checkbox"/> KNIGHTS OF COLUMBUS	
<input type="checkbox"/> CHOIR	<input type="checkbox"/> BUILDING MAINTENANCE	
<input type="checkbox"/> SACRAMENT PREPARATION TEAM	<input type="checkbox"/> RCIA TEAM	
<input type="checkbox"/> SACRISTAN	<input type="checkbox"/> ALTAR LINENS (LAUNDER)	
<input type="checkbox"/> YOUTH VOLUNTEER	<input type="checkbox"/> EVENTS HOSPITALITY	
<input type="checkbox"/> OTHER:		