

Holy Spirit Catholic Community

Comunidad Catolica Del Espiritu Santo

Family Registration

1030 Dexter St. Central Falls, RI 02863

Phone: (401) 726-2600 Fax: (401) 722-0224

Registration Date: __ / __ / __

Contrib. Env.? Y / N for office use only Env#_

Family Information:

Last Name: _____

Home Phone: _____

First Name(s) _____

Family Email: _____

Address: _____

Permission to publish phone, address, email in Parish Directory

Publish Phone? Y / N Publish Address? Y / N Publish Email? Y / N

City: _____ State: _____ Zip: _____

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon? Y / N Anniversary Date: / __ / __ Wedding Church/City:

Other _____

Husband/Head: _____

Wife: _____

Active Catholic: Active / Inactive / Other: _____

Active / Inactive / Other_

Name:

DOB: __ / __ / __

__ / __ / __ (Maiden)

Sacramental Info: Baptized? Y/N Catholic? Y/N RCIA? Y/N

Baptized? Y/N Catholic? Y/N RCIA? Y/N

Reconcil? Y/N First Eucharist? Y / N Confirmed? Y/N

Reconcl? Y/N First Eucharist? Y / N Confirmed? Y / N

Occupation: _____

Work Phone: _____

Email: _____

Children Information

<u>Child Name:</u>	<u>DOB</u>	<u>Sex</u>	<u>Grad Year</u>	
_____	__ / __ / __	M / F	_____	Special Needs: _____
				Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N
Add Sacrament Date if known.	__ / __ / __			__ / __ / __
_____	__ / __ / __	M / F	_____	Special Needs: _____
				Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N
Add Sacrament Date if known.	__ / __ / __			__ / __ / __
_____	__ / __ / __	M / F	_____	Special Needs: _____
				Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N
Add Sacrament Date if known.	__ / __ / __			__ / __ / __
_____	__ / __ / __	M / F	_____	Special Needs: _____
				Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N
Add Sacrament Date if known.	__ / __ / __			__ / __ / __