



# Sacred Heart Catholic Church

Served by the Priestly Fraternity of St. Peter  
4643 GAYWOOD DR., FORT WAYNE, INDIANA 46806



Parish Registration. Double sided; please print clearly.

Last Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
*ex. married; single; widowed; separated; civilly married*

Mr. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Profession \_\_\_\_\_ Religion \_\_\_\_\_

Mrs./Ms. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Profession \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Label \_\_\_\_\_

Phone \_\_\_\_\_ Label \_\_\_\_\_

Phone \_\_\_\_\_ Label \_\_\_\_\_  
*ex. John's cell; home*

Email \_\_\_\_\_ Label \_\_\_\_\_

Email \_\_\_\_\_ Label \_\_\_\_\_  
*ex. Mary's personal; work*

I would like to be enrolled in the online parish newsletter:  Yes  No

I want to join the parishioner e-mail communication list:  Yes  No

<i>For office use only</i>	
Date _____	Envelope Number _____

