Sacred Heart Catholic Church

Served by the Priestly Fraternity of St. Peter



CRED HEART. Parish Registration. Double sided; please print clearly.

Last Name	Marital Status					
		ex. married; single; wide	wed; separated; civilly married			
Mr.		Date of B	Date of Birth			
	Profession	Religion_				
Mrs./Ms.		Date of B	Date of Birth			
	Profession	Religion				
Address						
Phone		Label				
Phone		Label				
Phone		Label	Tolera's calle learns			
		ex.	John's cell; home			
Email		Label				
Email		Label	Mary's personal; work			
		E.A.	wing s personal, work			
would like t	o be enrolled in the onl	line parish newsletter:	□ Yes □ No			
want to join	the parishioner e-mai	l communication list:	□ Yes □ No			
		For office use only				
Date Envelope Number						

Please include all children still living at home who are dependents. Adults who are living at home and who are gainfully employed should register independently.

Sacraments						
Baptism	First Holy Communion	Confirmation				

First & Middle Name	Date of Birth	Ba	Firs	Confi
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

	EXTENDED MINISTRY		
Are there any family mem a regular sacramental visit	bers who are homebound that need from the priest?	□ Yes	□ No
,	sacramental need that requires the	d i /1. di	6 4 ·
immediate attention of a j	priest? E.g. irregular marriage, adult confir	_	ptism No
Desired form of tithing:	□ Envelopes□ Online Giving		