

**HOLY GHOST PARISH REGISTRATION/CENSUS FORM** – Register No. \_\_\_\_\_  
 (assigned by parish office)



<b>Family LAST Name</b>	<b>Envelope Holder FIRST Name(s)</b>
Street Address	City Zip Code
Home Phone Number	Cell Phone Number
Date Married Maiden Name	Email Address

Your Contact information will only be shared with the Lead Person for Ministries you are interested in being involved with.

	<b>Head of House</b>	<b>Spouse</b>	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>
First Name						
Middle Name						
Last Name						
Marital Status						
Religion						
Sex (M / F)						
Date of Birth						
Baptized (Y / N)						
1 <sup>st</sup> Communion (Y / N)						
Confirmed (Y / N)						
Handicaps (Specify)						
Occupation						
Employer						
Work Phone						
Education Level						
School Attending						

\*\*\*AFTER COMPLETING THIS FORM, PLEASE BRING TO THE PARISH OFFICE DURING OFFICE HOURS\*\*\*