

Catholic Church of the Holy Spirit
Family Registration Form
10650 Gulf Beach Hwy
Pensacola, FL 32507
850-492-0837

Family Name: _____ Emergency Phone: _____

Mailing Name: _____ Email: _____

(ie Mr. & Mrs. John Doe)

Permission to publish phone, address, & email in Parish Directory:

Please circle y / n Phone: y / n Address: y / n email: y / n

City, State, Zip code: _____ Office Use:
Registration Date: _____

Home Phone: _____ Envelope Number: _____

Member Information:

Marital Status: _____ Married by Priest or Deacon (circle one) Date: _____ Church/City/State: _____

Role: circle one Husband / Wife

Role: circle one Husband / Wife

First Name: _____ First Name: _____

Goes by: _____ Goes by: _____

Gender _____ Gender _____

Circle one: **M / F** Circle one: **M / F** Maiden Name: _____

DOB (mm/dd/yyyy) ____/____/____ DOB (mm/dd/yyyy) ____/____/____

Personal email: _____ Personal email: _____

Work phone/cell phone ____/____/____ Work phone/cell phone ____/____/____

Occupation/Employer: _____ Occupation/Employer: _____

Sacramental Info: Catholic **Y / N** if N what religion: _____ Sacramental Info: Catholic **Y / N** if N what religion: _____

Baptized y/n Penance y/n First Communion y/n

Baptized y/n Penance y/n First Communion y/n

Confirmation y/n RCIA date: _____

Confirmation y/n RCIA date: _____

Childs Name: _____
Goes by: _____
DOB mm/dd/yyyy ____/____/____ Gender: M / F
Where born - City / State: _____
School: _____ Grade: _____
Sacramental Info: Catholic **Y / N** if **N** what religion: _____
Baptized y/n Penance y/n First Communion y/n
Confirmation y/n RCIA date: _____
Special Needs: _____

Childs Name: _____
Goes by: _____
DOB mm/dd/yyyy ____/____/____ Gender: M / F
Where born - City / State: _____
School: _____ Grade: _____
Sacramental Info: Catholic **Y / N** if **N** what religion: _____
Baptized y/n Penance y/n First Communion y/n
Confirmation y/n RCIA date: _____
Special Needs: _____

Childs Name: _____
Goes by: _____
DOB mm/dd/yyyy ____/____/____ Gender: M / F
Where born - City / State: _____
School: _____ Grade: _____
Sacramental Info: Catholic **Y / N** if **N** what religion: _____
Baptized y/n Penance y/n First Communion y/n
Confirmation y/n RCIA date: _____
Special Needs: _____

Childs Name: _____
Goes by: _____
DOB mm/dd/yyyy ____/____/____ Gender: M / F
Where born - City / State: _____
School: _____ Grade: _____
Sacramental Info: Catholic **Y / N** if **N** what religion: _____
Baptized y/n Penance y/n First Communion y/n
Confirmation y/n RCIA date: _____
Special Needs: _____

Childs Name: _____
Goes by: _____
DOB mm/dd/yyyy ____/____/____ Gender: M / F
Where born - City / State: _____
School: _____ Grade: _____
Sacramental Info: Catholic **Y / N** if **N** what religion: _____
Baptized y/n Penance y/n First Communion y/n
Confirmation y/n RCIA date: _____
Special Needs: _____

Childs Name: _____
Goes by: _____
DOB mm/dd/yyyy ____/____/____ Gender: M / F
Where born - City / State: _____
School: _____ Grade: _____
Sacramental Info: Catholic **Y / N** if **N** what religion: _____
Baptized y/n Penance y/n First Communion y/n
Confirmation y/n RCIA date: _____
Special Needs: _____