

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:

Mailing Address: _____

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** Maiden Name: _____

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: _____ 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: _____ 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: _____ 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: _____ 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: _____

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Goes by: _____
DOB mm/dd/yyyy ____/____/____ Gender: M / F
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Baptized y/n Penance y/n First Communion y/n
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DOB mm/dd/yyyy ____/____/____ Gender: M / F
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Baptized y/n Penance y/n First Communion y/n
Confirmation y/n RCIA date: _____
Special Needs: _____