

PARISH REGISTRATION FORM FOR NEWCOMERS

HOLY SPIRIT CATHOLIC CHURCH
 537 NC 16 Business, Denver NC 28037
 Phone: (704) 483-6448 Fax: (704) 483-6898

Date: _____ Previous Parish: _____

Last Name: _____ (Mr. & Mrs., Mr., Mrs., Ms., Miss) (Circle one)

First Name: _____ Spouse: _____

Address: _____

City/State: _____ Zip: _____

Subdivision: _____ Nbr. Of Family Members: _____

Home Phone: _____ Cell Phone: _____ Fax: _____ Email: _____

Circle One: Married, Married in Catholic Church, Single, Widow(er), Separated, or Divorced

Church of Marriage: (Name/City/State) _____

Do you speak other languages? If so, which ones? _____

Information	Head	Spouse	Child #1	Child #2	Child #3	Child #4	Other
First Name							
Last Name							
Maiden Name							
Religion							
Occupation							
Work Phone							
School							
Grade							
Male/Female (M/F)							
Birth Date							
Baptism Date							
1 st Reconciliation Date							
1 st Communion Date							
Confirmation Date							
Date of Marriage							
Handicap/Disability							

Please indicate dates that sacraments were received.