

HOLY FAMILY PARISH REGISTRATION FORM
200 78TH Avenue NE **St. Petersburg, FL 33702** **727-526-5783**

PLEASE PRINT ALL ENTRIES

Last Name

Stewardship Envelopes (check one)
 _____ Weekly _____ Monthly

Florida:	Street Address	Apt.#	City	State	Zip Code	Telephone Numbers
						Home:
Seasonal (other):						Cell(s):
						Other:

	First Name	Maiden Name	Religion	Date of Birth	Baptized Y/N	1st Communion Y/N	Confirmed Y/N	Marital Status*	by Priest? Y/N
Individual or Mmale									
Female									
	<i>Living with you</i>	<i>Last Name, if different</i>						School/Occup	Grade
1 st child		M/F†							
2 nd child									
3 rd child									
4 th child									

† M = Male, F = Female

* S = Single, M = Married, D = Divorced, W = Widowed

Please list additional members of your household on the back

Occupation(s) if applicable
Head of Household: _____

E-mail addresses: _____

Spouse: _____

Send E-mail when possible: Yes _____ No _____

PLEASE COMPLETE THE BACK OF THIS FORM ALSO!

HOLY FAMILY PARISH REGISTRATION FORM, continued

List additional members living in of your household here:

Relationship	First Name	Last Name, if different	M/F†	Religion	Date of Birth	Baptized Y/N	1 st Communion Y/N	Confirmed Y/N	Marital Status*	by Priest? Y/N

† M = Male, F = Female

* S = Single, M = Married, D = Divorced, W = Widowed

Are there talents or skills you can share with the parish?

Is there anything the parish can do for you?

Are there homebound or special needs of family members? If yes, please comment

OPTIONAL INFORMATION: To help us meet the needs of our diverse population, please consider answering

Ethnicity/Nationality _____

Examples: African-American, American, Filipino, Hispanic, Irish, Polish, Vietnamese, etc.

FOR OFFICE USE ONLY:

Computer _____ Envelopes _____

Bulletin _____

Date _____ By **W.C. Office**