Church of the Holy Ghost Parish Registration Form

(All Information is CONFIDENTIAL for Church Use Only)
PLEASE PRINT! **Today's Date: _____**

Title: *(Circle One)* Mr. Mrs. Miss. Ms. Mr. & Mrs. Other: _____

Family (Last) Name: _____ **Spouse's Last Name if Different: _____**

First Name: _____ **Spouse's First Name: _____**

Home Phone: _____/_____ **Cell Phone _____/_____ Spouse's Cell _____/_____**

Email Address: _____ **Spouse's Email: _____**

Current Mailing Address: _____ **Apt/Unit: _____**

City: _____ **State: _____** **Zip: _____**

Marital Status: (C*ircle One)* Single Married Engaged Widowed Divorced
Married in the Catholic Church: (*Circle One*) Yes / No

	Information regarding Head of Household I	Information regarding Head of Household II	Information regarding a family member	Information regarding a family member	Information regarding a family member	Information regarding a family member
Name						
Gender						
Date of Birth						
Baptism Y/N						
Confirmation Y/N						
Occupation						
Work Number						
E-mail Address						

Do you wish to receive the *Catholic Register*? (*Circle one)* Yes / No

Registering involves supporting Holy Ghost Parish, so please choose one of the following:

Envelopes (*Circle One*) Y/N On-Line Giving (*Circle One*) Y/N Other_____

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