

#### HOLY FAMILY PARISH

710 S Wacouta Ave Prairie du Chien WI 53821 608 - 326 - 6511

#### **PARISHIONER REGISTRATION FORM**

Head of Household			
(last name, first name):			
Title (Circle if used):	Mr. and Mrs. Mr. Mrs	s. Miss Ms. Dr. C	Other:
Suffix (Circle if used):	Jr. Sr. II III IV	Other:	
First Name – Spouse:			
If either spouse is NOT Cath would like parish mailings a	olic, please indicate how you ddressed:	Both spouses Yes/ listed:	No Catholic Spouse Yes/No:
	Primary Residen	ce – Address Informa	ation
	v		
Street		Mailing Address (if	
Address:		different): _	
City, State, Zip:		City, State, Zip:	
Primary		Cell Phone:	
Phone:			
Email Address:		_	
		_	
	Secondary Reside	nce – Address Inform	nation
	•		
			From Month Day
Street Address:		Dates at second residence:	to Month
Address:		-	Day
		Send mail to second	
City, State, Zip:		residence during that time:	Yes No
		-	
Primary Phone:			
i none.			

		Head of	Household Member Information	
Member Nickname:			Maiden Name:	
Date of Birth:			Marital Status:	<u> </u>
Gender:			Religion:	
Ethnicity:			High Grade:	
Language:			Special Needs:	
Occupation:			Business Phone:	
Business Name:			Business Address:	
			approximate the year. If the date is unknown, at l ch is very helpful if known.	east indicate with a "yes" if the
Baptism:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Communion:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Reconciliation:	Yes/No	Date:	Church Name:	City, State:
Confirmation:	Yes/No	Date:	Church Name:	City, State:
Marriage:	Yes/No	Date:	Church Name:	City, State:
For Office Use Only:				
Date Registered:			<i></i>	
Registration Informatio	on Entered:		<i></i>	
Registration Packet Pro	vided:		<i></i>	

## **Spouse Member Information**

Spouse (last name, first name):	•								
Title (Circle if used):	Mr.	and Mrs.	. Mr.	Mrs.	Miss	Ms.	Dr.	Other:	:
Suffix (Circle if used):	Jr.	Sr.	II III	IV	Other:				
Member Nickname:					Ma	aiden Na	me:		
Date of Birth:					M	arital Sta	tus:	-	
Gender:					Re	ligion:		-	
Ethnicity:					Hi	gh Grade	<b>:</b> :	_	
Language:					Sp	ecial Nee	eds:	_	
Occupation:					Bu	ısiness Pl	hone:		
Business Name:					Bu	ısiness A	ddress:	•	
Email address:								•	
If you don't know the sacrament was receiv	month/day/y ed. The nam	vear, plea e of the c	se appro. hurch is	ximate th very help	ne year. Ij oful if kno	the date	is unkn	own, at le	east indicate with a "yes" if the
Baptism:	Yes/No	Date:			Church I	Name:			City, State:
1 <sup>st</sup> Communion:	Yes/No	Date:			Church I	Name:			City, State:
1st Reconciliation:	Yes/No	Date:			Church I	Name:			City, State:
Confirmation:	Yes/No	Date:			Church I	Name:	-		City, State:
Marriage:	Yes/No	Date:			Church I	Name:			City, State:
	Ch	ild (v	ındeı	: 18)	Men	ıber	Info	 rmat	tion
		114 (0		10)	111011	1001			
Name (last name, first name):									
Member Nickname:					Re	ligion:			
Date of Birth:					Gr	ade:		-	
Gender:					Sc	hool:		-	
Ethnicity:					Sp	ecial Nee	eds:	-	
Language:					—— Hi	gh Schoo	l Grad. '	Year:	

Email address:				
	month/day/	vaar nlaasa annr	oximate the year. If the date is unknown, o	at least indicate with a "ves" if the
			s very helpful if known.	ui teusi mutcute wun u-yes-tj me
Baptism:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Communion:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Reconciliation:	Yes/No	Date:	Church Name:	City, State:
Confirmation:	Yes/No	Date:	Church Name:	City, State:
Marriage:	Yes/No	Date:	Church Name:	City, State:
	Ch	ild (unde	r 18) Member Inform	ation
	CII	na (anac	1 10) Wiember imorm	
Name (last name, first				
name):				
Member Nickname:			Religion:	
Date of Birth:			Grade:	
Gender:	·		School:	
Ethnicity:			Special Needs:	<del></del>
Language:			High School Grad. Year:	<del></del>
Email address:				<del></del>
			proximate the year. If the date is unknown s very helpful if known.	n, at least indicate with a "yes" if the
Baptism:	Yes/No	Date:	Church Name:	City, State:
1st Communion:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Reconciliation:	Yes/No	Date:	Church Name:	City, State:
Confirmation:	Yes/No	Date:	Church Name:	City, State:
Marriage:	Yes/No	Date:	Church Name:	City, State:

# **Child (under 18) Member Information**

name):				
Member Nickname:			Religion:	
Date of Birth:			Grade:	
Gender:			School:	
Ethnicity:			Special Needs:	
Language:				
Email address:			<del></del>	
			oximate the year. If the date is unknown, at le very helpful if known.	east indicate with a "yes" if the
Baptism:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Communion:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Reconciliation:	Yes/No	Date:	Church Name:	City, State:
Confirmation:	Yes/No	Date:	Church Name:	City, State:
Marriage:	Yes/No	Date:	Church Name:	City, State:
Name (last name first		ild (unde	r 18) Member Informat	ion
Name (last name, first name):		ild (unde	r 18) Member Informat	ion
-		ild (unde	r 18) Member Informat	ion
name):		ild (unde		ion
name):  Member Nickname:		ild (unde	Religion:	ion
name):  Member Nickname:  Date of Birth:		ild (unde	Religion: Grade:	ion
name):  Member Nickname:  Date of Birth:  Gender:		ild (unde	Religion: Grade: School:	ion
name):  Member Nickname:  Date of Birth:  Gender:  Ethnicity:		ild (unde	Religion: Grade: School: Special Needs:	ion
name):  Member Nickname:  Date of Birth:  Gender:  Ethnicity:  Language:  Email address:  If you don't know the	e month/day/y	vear, please appro	Religion: Grade: School: Special Needs:	
name):  Member Nickname:  Date of Birth:  Gender:  Ethnicity:  Language:  Email address:  If you don't know the	e month/day/y	vear, please appro	Religion: Grade: School: Special Needs: High School Grad. Year:	
name):  Member Nickname: Date of Birth: Gender: Ethnicity: Language: Email address: If you don't know the sacrament was received.	e month/day/y	vear, please appro	Religion: Grade: School: Special Needs: High School Grad. Year:  eximate the year. If the date is unknown, at least or yery helpful if known.	east indicate with a "yes" if the
name):  Member Nickname: Date of Birth: Gender: Ethnicity: Language: Email address: If you don't know the sacrament was received Baptism:	e month/day/y ved. The nam Yes/No	vear, please appro te of the church is Date:	Religion: Grade: School: Special Needs: High School Grad. Year:  oximate the year. If the date is unknown, at least yery helpful if known. Church Name:	east indicate with a "yes" if the  City, State:
name):  Member Nickname: Date of Birth: Gender: Ethnicity: Language: Email address: If you don't know the sacrament was receil Baptism: 1st Communion:	e month/day/yved. The nam Yes/No Yes/No	vear, please approte of the church is  Date:  Date:	Religion: Grade: School: Special Needs: High School Grad. Year: Description of the date is unknown, at least very helpful if known. Church Name: Church Name:	cast indicate with a "yes" if the  City, State:  City, State:

## **Child (under 18) Member Information**

Marrie (last harne, jirst	ι			
name):				
Member Nickname:			Religion:	
Date of Birth:			Grade:	
Gender:			School:	
Ethnicity:			Special Needs:	
Language:			High School Grad. Year:	
Email address:				
			oximate the year. If the date is unknown, at least very helpful if known.	indicate with a "yes" if the
Baptism:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Communion:	Yes/No	Date:	Church Name:	City, State:
1 <sup>st</sup> Reconciliation:	Yes/No	Date:	Church Name:	City, State:
Confirmation:	Yes/No	Date:	Church Name:	City, State:
Marriage:	Yes/No	Date:	Church Name:	City, State:



