

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: *(Circle 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						

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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