

**Welcome to Holy Family Church.** We ask new parishioners to fill out this registration form and drop it in the collection basket at the weekend masses, or mail it to the parish office at 218 S. Maple Ave., Hannibal, MO 63401. You may also bring it by the parish office.

Date Registering \_\_\_\_\\_\_\_\_\\_\_\_\_

Adult 1 \_\_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_  
                   Last                   First                   MI                   Nickname

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\\_\_\_\_\\_\_\_\_ Baptized: Yes \_\_\_\_ No \_\_\_\_ 1st Communion: Yes \_\_\_\_ No \_\_\_\_ Confirmed: Yes \_\_\_\_ No \_\_\_\_

Catholic: Yes \_\_\_\_ No \_\_\_\_ Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Date Married: \_\_\_\_\\_\_\_\_\\_\_\_\_ Marriage Blessed by the Catholic Church: Yes \_\_\_\_ No \_\_\_\_ Maiden Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_ Business Phone \_\_\_\_\_

May we contact you during work hours? Yes \_\_\_\_ No \_\_\_\_

Adult 2 \_\_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_  
                   Last                   First                   MI                   Nickname

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\\_\_\_\_\\_\_\_\_ Baptized: Yes \_\_\_\_ No \_\_\_\_ 1st Communion: Yes \_\_\_\_ No \_\_\_\_ Confirmed: Yes \_\_\_\_ No \_\_\_\_

Catholic: Yes \_\_\_\_ No \_\_\_\_ Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Date Married: \_\_\_\_\\_\_\_\_\\_\_\_\_ Marriage Blessed by the Catholic Church: Yes \_\_\_\_ No \_\_\_\_ Maiden Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_ Business Phone \_\_\_\_\_

May we contact you during work hours? Yes \_\_\_\_ No \_\_\_\_

**Children: (Persons over 18 should complete their own registration form)**

Name:

Last	First	Gender	Birthdate	Grade	School	Baptism	1st Comm.	Reconciliation	Confirmation
_____	_____	_____	_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	_____	_____	_____	Yes No	Yes No	Yes No	Yes No