Holy Family Parish
Family Registration
Three Forks, MT.

Reg Date: ___/___/___

Last Name: _____ First Name(s): _____

Mailing Name (ie Mr. & Mrs. John Doe) _____

Address: _____ Add2: _____

City: _____ State: _____ Zip: _____ - _____

AreaCode: _____ Home Phone: _____ Emerg. Phone: _____

Family Email: _____ Env# _____

Individual Member Information

Parish Status: *(Active, Inactive)*	_____	_____
Role: *(Head of House, Husband, Wife etc.)*	_____	_____
First Name / Nickname:	_____ / _____	_____ / _____
Gender:	Male / Female (Maiden) _____	Male / Female (Maiden) _____
DOB (mm/dd/yyyy):	___/___/___	___/___/___
Email:	_____	_____
Work Phone/Cell Phone:	_____ / _____	_____ / _____
First Language:	_____	_____
Occupation/Employer:	_____ / _____	_____ / _____

Sacramental Info:
Dates (mm/dd/yyyy):

(Single, Married, Separated, Divorced, Annulled)

Baptized? ☐ Catholic? ☐	Baptized? ☐ Catholic? ☐
___/___/___	___/___/___
Reconcil? ☐ First Eucharist? ☐ Confirmed? ☐	Reconcil? ☐ First Eucharist? ☐ Confirmed? ☐
___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___

Marital Status: _____   Valid Catholic Marriage? ☐

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household *(Son, Daughter, Mother Father etc.)*	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1. _____	_____ / _____	M / F	___/___/___	_____	_____
			_____		_____

Check if Sacrament Received. Add Date if known.

Baptism ☐	Catholic? ☐	Eucharist ☐	Reconciliation ☐	Confirmation ☐
___/___/___		___/___/___	___/___/___	___/___/___

2. _____	_____ / _____	M / F	___/___/___	_____	_____
			_____		_____

Check if Sacrament Received. Add Date if known.

Baptism ☐	Catholic? ☐	Eucharist ☐	Reconciliation ☐	Confirmation ☐
___/___/___		___/___/___	___/___/___	___/___/___

3. _____	_____ / _____	M / F	___/___/___	_____	_____
			_____		_____

Check if Sacrament Received. Add Date if known.

Baptism ☐	Catholic? ☐	Eucharist ☐	Reconciliation ☐	Confirmation ☐
___/___/___		___/___/___	___/___/___	___/___/___

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.

Dependent Children Information

Relationship to Head of Household (Son, Daughter, Mother Father etc.)	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language

4. M / F / /

Check if Sacrament Received. Add Date if known. Baptism ☒ *Catholic?* ☒ Eucharist ☒ Reconciliation ☒ Confirmation ☒
 / /   / /   / /   / /.

5. M / F / /

Check if Sacrament Received. Add Date if known. Baptism ☒ *Catholic?* ☒ Eucharist ☒ Reconciliation ☒ Confirmation ☒
 / /   / /   / /   / /

6. M / F / /

Check if Sacrament Received. Add Date if known. Baptism ☒ *Catholic?* ☒ Eucharist ☒ Reconciliation ☒ Confirmation ☒
 / /   / /   / /   / /.

7. M / F / /

Check if Sacrament Received. Add Date if known. Baptism ☒ *Catholic?* ☒ Eucharist ☒ Reconciliation ☒ Confirmation ☒
 / /   / /   / /   / /

8. M / F / /

Check if Sacrament Received. Add Date if known. Baptism ☒ *Catholic?* ☒ Eucharist ☒ Reconciliation ☒ Confirmation ☒
 / /   / /   / /   / ·/

9. M / F / /

Check if Sacrament Received. Add Date if known. Baptism ☒ *Catholic?* ☒ Eucharist ☒ Reconciliation ☒ Confirmation ☒
 / /   / /   / /   / /

10. M / F / /