

Please Print

PARISH REGISTRATION FORM

HOLY FAMILY PARISH
55 CHURCH STREET
CONCORD MASSACHUSETTS 01742
978-369-7442

FAMILY LAST NAME ONLY	
Address	Phone
City	Zip Code

Date: _____

HUSBAND (OR SINGLE / WIDOWED MALE)			WIFE (OR SINGLE / WIDOWED FEMALE)		
First Name	Middle	Date of Birth	First Name	Maiden/Middle	Date of Birth
Religion	Baptized (Y/N)	Confirmed (Y/N)	Religion	Baptized (Y/N)	Confirmed (Y/N)
Marital Status: Single/Married/Separated/Divorced/Widowed			Marital Status: Single/Married/Separated/Divorced/Widowed		
Occupation	Special Skills, 2nd Language, etc.		Occupation	Special skills, 2nd Language, etc.	
Family e-mail: _____					

CHILDREN (in the home)

First Name	Middle Name	Last (if different)	Date of Birth	Baptized?	1st Comm.?	Confirmed ?

OTHERS IN HOUSEHOLD

If there is a shut-in in your home, would you like someone to bring Holy Communion?

Would you like to receive Parish Collection Envelopes? YES NO

Would you prefer EFT (Electronic Funds Transfer)? YES NO

Do we have permission to publish in the Parish Directory:

Your Address _____ Phone Number _____ E-Mail address _____

If you need any help in filling out this registration, please call the Parish Office at 978-369-7442.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE PARISH OFFICE AT THE ABOVE ADDRESS.