



Holy Family Parish

Focus on God + Follow Jesus + Form Disciples

Creer en Dios + Conocer a Jesús + Crear Discípulos

305 Division St. + Adrian, MI 49221 + 517-263-4681 + www.holyfamilyadrian.com

New Parishioner Registration Form

Thank you for your interest in becoming a member of Holy Family Parish! Please fill out this form to the best of your ability. If you have any questions, feel free to call the parish office at the number above or send an email to officecoordinator.hfa@gmail.com. Welcome to our community of faith!

Date being filled out: ____/____/____

Household General Information

Household Mailing Name (eg., Mr. and Mrs. John Smith, John and Jane Smith, John Smith and Jane Doe, etc.)

Address _____ City _____ State _____ ZIP Code _____

Household Adult Members Information – Adult #1

First Name _____ Middle Name _____ Last Name _____

Email Address _____ Cell Phone Number (____) _____ - _____

This person would like to receive electronic communication via: (circle any that apply) Email Text None

____/____/____ Male Female _____
Date of birth Maiden Name (if applicable)

Place of employment _____ Position _____

Is this person Catholic? Yes No If not, what religion are they? _____

Has this person received the following Sacraments? (Answer to the best of your ability)

Baptism: Yes No _____
Approx. Year Church, City and State

1st Eucharist: Yes No _____
Approx. Year Church, City and State

Confirmation: Yes No _____
Approx. Year Church, City and State

See page 3 for questions related to the Sacrament of Marriage

Household Adult #2 (If applicable)

First Name Middle Name Last Name

Email Address (_____) _____ - _____
Cell Phone Number

This person would like to receive electronic communication via: *(circle any that apply)* Email Text None

_____/_____/_____
Date of birth Male Female _____
Maiden Name *(if applicable)*

Place of employment Position

Is this person Catholic? Yes No If not, what religion are they? _____

Has this person received the following Sacraments? *(Answer to the best of your ability)*

Baptism: Yes No _____
Approx. Year Church, City and State

1st Eucharist: Yes No _____
Approx. Year Church, City and State

Confirmation: Yes No _____
Approx. Year Church, City and State

See page 3 for questions related to the Sacrament of Marriage

If there are additional adults in this household they are asked to register as a parishioner separately.

Children Information *(if applicable)*

Note: Please only list children under the age of 18. If a child is over 18 years of age it is requested that they register separately.

Child #1:

First Name _____ Middle Name _____ Last Name _____

_____/_____/_____ Sex: Male Female
Date of birth

_____ Grade level: _____

School Attending _____

Have they received the following Sacraments? *(Answer to the best of your ability)*

Baptism: Yes No _____
Approx. Year Church, City and State

1st Eucharist: Yes No _____
Approx. Year Church, City and State

Confirmation: Yes No _____
Approx. Year Church, City and State

Please contact us regarding faith formation or sacramental prep programs (K-6): Yes No

Please contact us regarding Middle or High School Youth Group programs (7-12): Yes No

Child #2:

First Name _____ Middle Name _____ Last Name _____

_____/_____/_____ Sex: Male Female
Date of birth

_____ Grade level: _____

School Attending _____

Have they received the following Sacraments? *(Answer to the best of your ability)*

Baptism: Yes No _____
Approx. Year Church, City and State

1st Eucharist: Yes No _____
Approx. Year Church, City and State

Confirmation: Yes No _____
Approx. Year Church, City and State

Please contact us regarding faith formation or sacramental prep programs (K-6): Yes No

Please contact us regarding Middle or High School Youth Group programs (7-12): Yes No

Child #3:

| | | |
|-----------------------|------------------------|-----------|
| First Name | Middle Name | Last Name |
| _____ / _____ / _____ | | |
| Date of birth | Sex: Male Female | |

Grade level: _____

School Attending _____

Have they received the following Sacraments? *(Answer to the best of your ability)*

| | | | | |
|----------------------------------|-----|----|--------------|------------------------|
| <u>Baptism:</u> | Yes | No | _____ | _____ |
| | | | Approx. Year | Church, City and State |
| <u>1st Eucharist:</u> | Yes | No | _____ | _____ |
| | | | Approx. Year | Church, City and State |
| <u>Confirmation:</u> | Yes | No | _____ | _____ |
| | | | Approx. Year | Church, City and State |

Please contact us regarding faith formation or sacramental prep programs (K-6): Yes No

Please contact us regarding Middle or High School Youth Group programs (7-12): Yes No

Child #4:

| | | |
|-----------------------|------------------------|-----------|
| First Name | Middle Name | Last Name |
| _____ / _____ / _____ | | |
| Date of birth | Sex: Male Female | |

Grade level: _____

School Attending _____

Have they received the following Sacraments? *(Answer to the best of your ability)*

| | | | | |
|----------------------------------|-----|----|--------------|------------------------|
| <u>Baptism:</u> | Yes | No | _____ | _____ |
| | | | Approx. Year | Church, City and State |
| <u>1st Eucharist:</u> | Yes | No | _____ | _____ |
| | | | Approx. Year | Church, City and State |
| <u>Confirmation:</u> | Yes | No | _____ | _____ |
| | | | Approx. Year | Church, City and State |

Please contact us regarding faith formation or sacramental prep programs (K-6): Yes No

Please contact us regarding Middle or High School Youth Group programs (7-12): Yes No

If there are additional children, please continue on the back of this sheet

When this form is completed, please mail it to the address below or email it to officecoordinator.hfa@gmail.com.