

HOLY ANGELS REGISTRATION FORM

OFFICE USE

ENV. # _____

POSTED

Date: _____

Family Last Name _____

Title (circle if used): Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. Other _____

Marital Status: Married Single Divorced Separated Widowed

Suffix (circle if used): Jr. Sr. II III Other _____

Wife's Maiden Name _____

Residential Address _____

City/State _____ Zip _____

Mailing Address (if different from above) _____

City/State _____ Zip _____

Home Phone _(____)_____ Unlisted - Y N

Cell Phone _(____)_____ Other phone _(____)_____

Email Address _____ (we promise to use sparingly)

	HEAD OF HOUSEHOLD	SPOUSE
FIRST NAME		
NICK NAME *		
GENDER	M F	M F
BIRTH DATE *	___/___/___	___/___/___
RELIGION		
OCCUPATION		
EMPLOYER *		
WORK PHONE		
DISABILITIES *		
ETHNICITY *		
LANGUAGE *		
BAPTISM	Y N	Y N
1ST EUCHARIST	Y N	Y N
CONFIRMATION	Y N	Y N
MARRIAGE	___/___/___	___/___/___

Do you wish to receive the "LEAVEN" (Archdiocesan Newspaper) Y N

REMARKS: _____

OTHER MEMBERS OF THIS HOUSEHOLD ON REVERSE PAGE.

LIST MINISTRIES ON OTHER SIDE.

*** OPTIONAL**

