

## Holy Cross Catholic Church -- Parish Registration Form

Address: PO Box 746, Lake Stevens, WA 98258

Phone: 360-691-2636

Date: \_\_\_/\_\_\_/\_\_\_ Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_  Do not send offering envelopes

### HEAD OF HOUSEHOLD (ADULT 1)

1. **First & Last Names:** \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F \_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Sacraments received:  Baptism  First Communion  Confirmation  Matrimony  
(in the Catholic Church)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SPOUSE OR ADULT 2

2. **First & Last Names:** \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F \_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Sacraments received:  Baptism  First Communion  Confirmation  Matrimony  
(in the Catholic Church)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FAMILY MEMBERS

3. **Choose one:** \_\_\_ child \_\_\_ adult

**First & Last Names:** \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F \_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Sacraments received:  Baptism  First Communion  Confirmation  Matrimony  
(in the Catholic Church)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Choose one:  child  adult

First & Last Names: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F \_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Sacraments received:  Baptism  First Communion  Confirmation  Matrimony  
(in the Catholic Church)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Choose one:  child  adult

First & Last Names: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F \_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Sacraments received:  Baptism  First Communion  Confirmation  Matrimony  
(in the Catholic Church)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Choose one:  child  adult

First & Last Names: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F \_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Sacraments received:  Baptism  First Communion  Confirmation  Matrimony  
(in the Catholic Church)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like more information about: \_\_\_\_\_

\_\_\_\_\_

For office use only>>