

Date \_\_\_\_\_

## HOLY SPIRIT NEW PARISHIONER REGISTRATION

In order to help us serve you better, please provide us with the following information about each person living in your household. We ask that you PLEASE TYPE this information. Send form to:

Holy Spirit  
515 Albert St S  
St. Paul, MN 55116.

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary email: \_\_\_\_\_

### FAMILY MEMBERS

(Please list additional family members on the next page)

#### HEAD OF HOUSEHOLD

Title: Mr. \_\_\_ Mrs. \_\_\_ Dr. \_\_\_ Ms. \_\_\_ Miss \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Last: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Marital Status\*: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_

First Communion? Yes \_\_\_ No \_\_\_

Confirmation? Yes \_\_\_ No \_\_\_

\* From marital status above, if currently married, please complete the following:

Church/City/State of Marriage:  
\_\_\_\_\_  
\_\_\_\_\_

Wedding date: \_\_\_\_\_

Was there a previous marriage? Yes \_\_\_ No \_\_\_

#### ADULT #2

Title: Mr. \_\_\_ Mrs. \_\_\_ Dr. \_\_\_ Ms. \_\_\_ Miss \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Last: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Marital Status\*: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_

First Communion? Yes \_\_\_ No \_\_\_

Confirmation? Yes \_\_\_ No \_\_\_

Would you like to receive a subscription to the Catholic Spirit (paid by the parish)?

Yes \_\_\_ No \_\_\_

Are you interested in electronic giving?

Yes \_\_\_ No \_\_\_ (Additional form needed)

Would you like to sign up for the parish e-newsletter? Yes \_\_\_ No \_\_\_

Would you like to sign up for the school e-newsletter? Yes \_\_\_ No \_\_\_

CHILD

First (Formal) name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Jr. \_\_\_ Sr. \_\_\_ III \_\_\_ IV \_\_\_ \_\_\_\_\_

Birth date: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_

Religion: \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_

First Eucharist? Yes \_\_\_ No \_\_\_

Confirmation? Yes \_\_\_ No \_\_\_

CHILD

CHILD

First (Formal) name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Jr. \_\_\_ Sr. \_\_\_ III \_\_\_ IV \_\_\_ \_\_\_\_\_

Birth date: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_

Religion: \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_

First Eucharist? Yes \_\_\_ No \_\_\_

Confirmation? Yes \_\_\_ No \_\_\_

CHILD

First (Formal) name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Jr. \_\_\_ Sr. \_\_\_ III \_\_\_ IV \_\_\_ \_\_\_\_\_

Birth date: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_

Religion: \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_

First Eucharist? Yes \_\_\_ No \_\_\_

Confirmation? Yes \_\_\_ No \_\_\_

First (Formal) name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Jr. \_\_\_ Sr. \_\_\_ III \_\_\_ IV \_\_\_ \_\_\_\_\_

Birth date: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_

Religion: \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_

First Eucharist? Yes \_\_\_ No \_\_\_

Confirmation? Yes \_\_\_ No \_\_\_

**\*\*ADULT CHILDREN\*\***

Please photocopy, complete, and return a separate registration form for any adult children (over 21 years) who wish to be considered a member of Holy Spirit.