

HOLY GHOST CATHOLIC CHURCH

5219 SOUTH 53 STREET - OMAHA, NE 68117

PARISH REGISTRATION/UPDATE FORM

ID# _____

M V
 (For Office Use)

Date: _____ New Member Update Registration How long have you been attending Holy Ghost? _____

MAILING INFORMATION

Last Name: _____ First Name(s) of Adult(s) in Household: _____

Mailing Address: _____

Street Address

City

State

Zip

FAMILY INFORMATION

1st Head of Household Name: _____
 Catholic Protestant Non Christian Sacraments received Reconciliation Eucharist Confirmed
 Married in Catholic Church Married outside of Catholic Church Widowed Divorced Single

Birth Date:

Phone/Cell:

Email:

1st Head of Household Name: _____
 Catholic Protestant Non Christian Sacraments received Reconciliation Eucharist Confirmed
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Birth Date:

Phone/Cell:

Email:

Names of CHILDREN (Additional on back)

Gender

Birth Date

Religion

If Catholic, Check Each Sacrament He/She has Received

Names of CHILDREN (Additional on back)	Gender	Birth Date	Religion	If Catholic, Check Each Sacrament He/She has Received
			<input type="checkbox"/> Lives in my home	<input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony
			<input type="checkbox"/> Lives in my home	<input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony
			<input type="checkbox"/> Lives in my home	<input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony
			<input type="checkbox"/> Lives in my home	<input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony

Name of OTHERS Residing in Household

Gender

Birth Date

Relationship

Religion

If Catholic, Check Each Sacrament He/She has Received

Name of OTHERS Residing in Household	Gender	Birth Date	Relationship	Religion	If Catholic, Check Each Sacrament He/She has Received
					<input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony
					<input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony

PASTORAL INFORMATION

- Special Pastoral** Someone in my home has difficulty getting to church and would like communion brought to our home
Needs of someone living in your home I would like to speak to a Priest about personal or spiritual matters I would like to speak to someone about Religious Education for children
 Someone in my home would like to speak to someone about classes to join the Catholic Church

EMERGENCY CONTACT: _____ Phone/Cell: _____

The information on this form will be held in the strictest confidence for the pastoral use of Holy Ghost Catholic Church only.