HOLY FAMILY PARISH

PO Box 405 ~ 5 Main Street Russell, MA 01071 413-862-4418

REGISTRATION FORM

(Please Print)

Date	FAMILY NAME		
PHONE NUMBER		UNLISTED (Y N) _	Cell #
ADDRESS		APT. NUMB	ER
CITY	STATE	ZIP CODE	
Mailing address (if different)			
Email address			
			Middle Name
MAIDEN NAME			
DATE OF BIRTH	RELIGION	OCCUPATION	
BAPTISM DATECH	IURCH		
CITY	STATE		
FIRST COMMUNION DAT	ECHURCH		
CITY	STATE		
CONFIRMATION DATE	CHURC	TH	
CITY	STATE		
SPOUSE'S NAME			Middle Name
MAIDEN NAME			
DATE OF BIRTH	RELIGION	_OCCUPATION	
BAPTISM DATE	CHURCH		
CITY	STATE		
FIRST COMMUNION DAT	ECHURCI	H	
CITY	STATE		
CONFIRMATION DATE_	CHURC	TH	
CITY	STATE		
DATE OF MARRIAGE	CHURCH _		
CITY	STATE		
WERE YOU MARRIED IN	THE CATHOLIC CHURCH	? Yes/No	

PLEASE LIST ALL OTHER PEOPLE LIVING AT THIS ADDRESS

NAME	MI	DATE OF BIRTH	
BAPTISM DATE	PLACE		
CITY	STATE		
FIRST COMMUNION DATE_	PLACE		
CITY	STATE		
CONFIRMATION DATE	PLACE		
CITY	STATE		
NAME	MI	DATE OF BIRTH	
BAPTISM DATE	_ PLACE		
CITY	STATE		
FIRST COMMUNION DATE_	PLACE		
CITY	STATE		
CONFIRMATION DATE	PLACE		
CITY	STATE		
NAME	MI	DATE OF BIRTH	
BAPTISM DATE	PLACE		
CITY	STATE		
FIRST COMMUNION DATE_	PLACE		
CITY	STATE		
CONFIRMATION DATE	PLACE		
CITY	STATE		

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