

PARISHIONER REGISTRATION FORM

Holy Cross Church

P.O. Box 999—15927 SW 150th Street Indiantown, FL 34956
 Parish Office phone #772-597-2798 Fax #772-597-2741

Date: _____ Reg # _____ Envelope # _____ Years in Parish _____

P.O. Box # _____ Street Address _____

City _____ Zip Code _____ Own? _____ Rent? _____

Phone #(Home): _____ (Work): _____ (Cell): _____ (E-mail) _____

Alternate address _____

ADULT INFORMATION

Single () Married () Divorced () Annulment () Widowed () Living together ()

Name - Head of Household: Last name _____ First name _____

Birth Date _____ Sacraments received (X)

M ___ F ___ Occupation _____ Baptism ___ Confirmation ___

Religion _____ active ___ inactive ___ Communion ___ Marriage ___

Country of Origin _____ Languages Spoken _____

Ministries you belong to: _____

Single () Married () Divorced () Annulment () Widowed () Living together ()

Spouse's Maiden Name: _____

Birth Date _____ Sacraments received (X)

M ___ F ___ Occupation _____ Baptism ___ Confirmation ___

Religion _____ active ___ inactive ___ Communion ___ Marriage ___

Country of Origin _____ Languages Spoken _____

Ministries you belong to: _____

DEPENDENT INFORMATION (LIVING AT HOME)

***Please note: if registering after June 1st, please indicate grade level entering in the Fall.*

****Please indicate Sacraments received by yes or no.*

Last Name	First Name	Birthdate	M/F	Grade**	Bapt*	Comm*	Conf*

Please note any special family needs: (i.e. physically challenged, shut-ins, etc.) _____