



SACRED HEART PARISH

Parish Registration Form

Welcome!

Please let us know more about you

Registration Date _____ / _____ / _____

Household name _____
(e.g. Mr. & Mrs. John Doe, The Doe Family, etc.)

Residence address _____

Mailing address (if different) _____

Household phone (_____) _____ - _____ No household phone

Household email _____ @ _____ No household email

Language(s) _____

Do you or does anyone in your household have any special pastoral needs?

Envelope user? Y N If no, would you like envelopes? Y N Prefer E-Giving

Head(s) of Household

Full name	_____	_____
Role	_____	_____
	<small>(e.g. husband, wife, head of household, etc.)</small>	<small>(e.g. husband, wife, head of household, etc.)</small>
Parish status	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other _____
Birth date	____ / ____ / ____ <input type="checkbox"/> M <input type="checkbox"/> F	____ / ____ / ____ <input type="checkbox"/> M <input type="checkbox"/> F
Birth place	_____	_____
Email	_____ @ _____	_____ @ _____
Cell phone	(____) _____ - _____	(____) _____ - _____
Work phone	(____) _____ - _____	(____) _____ - _____
Religion	_____	_____
Marital status	<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W
If married:	Date ____ / ____ / ____ Place _____	Date ____ / ____ / ____ Place _____ <small>Valid Catholic marriage? <input type="checkbox"/></small>
Baptized?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____ / ____ / ____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____ / ____ / ____
Place	_____	_____
Eucharist?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____ / ____ / ____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____ / ____ / ____
Place	_____	_____
Confirmed?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____ / ____ / ____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____ / ____ / ____
Place	_____	_____

Please check if you are listing other household members on the reverse or additional pages.

OFFICE USE ONLY Notes:	Recorded by: _____ / _____ / _____
	Checked by: _____ / _____ / _____
	Envelope #: _____

Sacred Heart of Jesus Parish Registration Form

Household _____

Other Household Members

Children only	Full name	_____	_____
	Relationship	_____	_____
		(e.g. son, daughter, mother, father, etc.)	(e.g. son, daughter, mother, father, etc.)
	Birth date	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F
	Birth place	_____	_____
	Email	_____ @ _____	_____ @ _____
	Cell phone	(____) _____ - _____	(____) _____ - _____
	Work phone	(____) _____ - _____	(____) _____ - _____
	Religion	_____	_____
	Baptized?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____
Place	_____	_____	
Eucharist?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	
Place	_____	_____	
Confirmed?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	
Place	_____	_____	
School	_____ HS grad year _____	_____ HS grad year _____	
Religious Ed?	<input type="checkbox"/> Enrolled <input type="checkbox"/> Not enrolled <input type="checkbox"/> N/A	<input type="checkbox"/> Enrolled <input type="checkbox"/> Not enrolled <input type="checkbox"/> N/A	
Youth group?	<input type="checkbox"/> Active <input type="checkbox"/> Not active <input type="checkbox"/> Interested	<input type="checkbox"/> Active <input type="checkbox"/> Not active <input type="checkbox"/> Interested	

Children only	Full name	_____	_____
	Relationship	_____	_____
		(e.g. son, daughter, mother, father, etc.)	(e.g. son, daughter, mother, father, etc.)
	Birth date	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F
	Birth place	_____	_____
	Email	_____ @ _____	_____ @ _____
	Cell phone	(____) _____ - _____	(____) _____ - _____
	Work phone	(____) _____ - _____	(____) _____ - _____
	Religion	_____	_____
	Baptized?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____
Place	_____	_____	
Eucharist?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	
Place	_____	_____	
Confirmed?	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N Date ____/____/____	
Place	_____	_____	
School	_____ HS grad year _____	_____ HS grad year _____	
Religious Ed?	<input type="checkbox"/> Enrolled <input type="checkbox"/> Not enrolled <input type="checkbox"/> N/A	<input type="checkbox"/> Enrolled <input type="checkbox"/> Not enrolled <input type="checkbox"/> N/A	
Youth group?	<input type="checkbox"/> Active <input type="checkbox"/> Not active <input type="checkbox"/> Interested	<input type="checkbox"/> Active <input type="checkbox"/> Not active <input type="checkbox"/> Interested	

OFFICE USE ONLY

Notes: _____

Recorded by: _____ / /
 Checked by: _____ / /



SACRED HEART PARISH

Share God's Blessings!

Name _____

Phone _____ Email _____

I am interested in getting more involved in our parish:

on a regular basis (weekly, monthly) on special tasks from time to time

I'm not sure, but I will think and pray about it

Buildings & Grounds

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Appliance repair | <input type="checkbox"/> Decorations & flowers in church and chapels |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Tasks requiring strength (lifting & moving) | <input type="checkbox"/> Laundering & pressing altar linens |
| <input type="checkbox"/> Heating | <input type="checkbox"/> General handy work | <input type="checkbox"/> Neatening missalettes & hymnals in the pews |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mowing, pruning, raking | <input type="checkbox"/> Cleaning, sweeping, vacuuming |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Planting, weeding | <input type="checkbox"/> Cleaning bathrooms |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Shoveling snow | |
| <input type="checkbox"/> Painting | | |

Hospitality

- | | |
|---|--|
| <input type="checkbox"/> Greeting before Mass | <input type="checkbox"/> Meeting/working with new parishioners |
| <input type="checkbox"/> Greeting at Rectory | <input type="checkbox"/> Neighborhood outreach |
| <input type="checkbox"/> Baking/cooking for parish events | <input type="checkbox"/> Ecumenical activity |

Service to Sick or Homebound Parishioners

- | | | |
|---|--|---|
| <input type="checkbox"/> Extraordinary Minister of Holy Communion | <input type="checkbox"/> Running errands | <input type="checkbox"/> Light household help |
| <input type="checkbox"/> Friendly visiting | <input type="checkbox"/> Driving to appointments | <input type="checkbox"/> Babysitting |
| <input type="checkbox"/> Calling or sending cards | <input type="checkbox"/> Assistance for special needs parishioners | <input type="checkbox"/> Language interpreter |

Liturgy and Prayer

- | | | |
|---|---|--|
| <input type="checkbox"/> Lector | <input type="checkbox"/> Choir | <input type="checkbox"/> Substitute Eucharistic adorer |
| <input type="checkbox"/> Extraordinary Minister of Holy Communion (at Mass) | <input type="checkbox"/> Children's choir | <input type="checkbox"/> Bible study |
| <input type="checkbox"/> Altar server | <input type="checkbox"/> Musical instrument | <input type="checkbox"/> Personal prayer ministry |
| <input type="checkbox"/> Cantor | <input type="checkbox"/> Usher (mass collections) | |
| | <input type="checkbox"/> Scheduled Eucharistic adorer | |

Religious Education/Youth Ministry

- | | | |
|--|--|--|
| <input type="checkbox"/> Religious Education teacher | <input type="checkbox"/> Event chaperone | <input type="checkbox"/> Adult religious education |
| <input type="checkbox"/> Youth ministry leader | <input type="checkbox"/> Children's Liturgy of the Word leader | <input type="checkbox"/> RCIA sponsor |
| <input type="checkbox"/> Youth ministry helper | | <input type="checkbox"/> SPRED ministry |

Parish Office

- | | | |
|---|---|--|
| <input type="checkbox"/> Filing | <input type="checkbox"/> Parish web site | <input type="checkbox"/> Computer repair & maintenance |
| <input type="checkbox"/> Data entry/typing | <input type="checkbox"/> Email communication | <input type="checkbox"/> Cleaning the office |
| <input type="checkbox"/> Answering phone | <input type="checkbox"/> Counting collection offering | |
| <input type="checkbox"/> Language interpreter | <input type="checkbox"/> Fundraising & development | |

Additional skills and talents

- | | | |
|---|---|---|
| <input type="checkbox"/> Sewing, knitting, crocheting, needlework | <input type="checkbox"/> Special Education | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Beautician | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Visual arts, photography | <input type="checkbox"/> Accounting/finance | <input type="checkbox"/> Hospice volunteer |
| <input type="checkbox"/> Performing arts | <input type="checkbox"/> Marketing/publicity | <input type="checkbox"/> Bereavement support |
| <input type="checkbox"/> Writing/editing | <input type="checkbox"/> Event planning | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teaching/tutoring | <input type="checkbox"/> Job/career mentoring | _____ |
| | <input type="checkbox"/> Medical/nursing/EMT | _____ |

Please drop this completed form in the collection basket or bring it to the rectory. Thank you!