



Holy Spirit Catholic Church
 PARISH FAMILY REGISTRATION FORM
 6705 Jim Ramsay Rd
 Vancleave, MS 39565
 (228) 283-5252

FOR OFFICE USE ONLY

ENVELOPE NO. _____
 DATE _____

Request contribution envelopes? Y N

FAMILY NAME: _____ EMAIL: _____

STREET ADDRESS: _____ CITY /Zip: _____

MAILING ADDRESS: _____ CITY/Zip _____

MARITAL STATUS: MARRIED SEPARATED/DIVORCED UNLISTED?
 SINGLE WIDOW/WIDOWER YES
 HOME PHONE _____ NO

ANNIVERSARY DATE: _____ MARRIED BY PRIEST/DEACON: YES NO CELL PHONE _____

	HEAD OF HOME	SPOUSE	CHILD	CHILD	CHILD
FIRST NAME					
MIDDLE INITIAL					
LAST NAME					
MAIDEN NAME					
GENDER					
BIRTH DATE					
OCCUPATION					
RELIGION					
BAPTIZED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
RECEIVES COMMUNION	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONFIRMED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ATTEND WEEKLY MASS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

ARE YOU IN NEED OF AN ANNULMENT?
 YES NO

DO YOU HAVE ANY OTHER SPECIAL NEEDS?
 YES NO

TALENTS YOU CAN SHARE WITH US:

