

**HOLY CROSS CATHOLIC CHURCH
REGISTRATION FORM**
(Please print)

ID/Envelope No.: _____
Registration Date: _____

Last Name: _____ First Name: _____ Spouse: _____ (M/M, Mr., Mrs., Miss, Ms. Dr.)

Address: _____ City/State/Zip _____ Phone (home): _____

Husband: Phone (c) _____ (w) _____ Marital Status: (Circle one) Catholic Marriage, Civil Marriage, Single, Widowed, Separated, Divorced

Wife: Phone (c) _____ (w) _____ E-mail address: _____

Do you want to receive the Faith West Tennessee magazine? 10 issues per year for \$18 (Circle one) Yes No

Do you want to receive a Flocknote text or email about important parish events? (Circle one) Yes No If yes, information on how to do this will be sent to you.

	HUSBAND	WIFE	SINGLE ADULT	CHILD	CHILD	CHILD	CHILD
FIRST NAME							
LAST NAME (if different) SPOUSE MAIDEN NAME							
MARITAL STATUS							
HANDICAP							
RELIGION							
SECOND LANGUAGES SPOKEN							
OCCUPATION							
SEX (Male/Female)							
BIRTHDATE (M/D/Y)							

PLEASE ENTER "Y" OR "N" FOR ALL SACRAMENTS, INCLUDING DATE, IF POSSIBLE

BAPTIZED ?							
1 st COMMUNION?							
CONFIRMATION?							
DATE MARRIED							