



HOLY FAMILY  
CATHOLIC CHURCH

9669 Kraft Ave.  
Caledonia, MI 49316

# Welcome to our parish family!

Today's Date \_\_\_\_\_

Please fill out the following information so that we can learn more about you and your family to get you registered in our parish. We invite you to get involved in one or more of our many ministries, and hope that if there is anything we can do to minister to your needs that you will let us know.

**Head of Household** \_\_\_\_\_  
Last First Middle Goes by Maiden (if applicable)

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Church of Baptism \_\_\_\_\_ Confirmed Catholic? \_\_\_\_\_ Field of work/Occupation \_\_\_\_\_

**Spouse** \_\_\_\_\_  
Last First Middle Goes by Maiden (if applicable)

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Church of Baptism \_\_\_\_\_ Confirmed Catholic? \_\_\_\_\_ Field of work/Occupation \_\_\_\_\_

**Marital Status** \_\_\_\_\_ Date of Marriage (if married) \_\_\_\_\_ Married in Catholic Church? \_\_\_\_\_

**Do you have any pastoral needs that you would like to be contacted about?** \_\_\_\_\_

**What ministries would you be interested in learning more about?** \_\_\_\_\_ **May we pass on your contact information to our ministry leaders?** \_\_\_\_\_

### *Please list any children, dependents, or other adults living at this address:*

<u>First &amp; Middle (Last if different)</u>	<u>M/F</u>	<u>Grade</u>	<u>School/College</u>	<u>Date of Birth</u>	<u>Catholic Sacraments Received (please check all that apply)</u>		
_____	_____	_____	_____	___/___/___	_____ Baptism date/place	_____ Eucharist	_____ Confirmation
_____	_____	_____	_____	___/___/___	_____ Baptism date/place	_____ Eucharist	_____ Confirmation
_____	_____	_____	_____	___/___/___	_____ Baptism date/place	_____ Eucharist	_____ Confirmation
_____	_____	_____	_____	___/___/___	_____ Baptism date/place	_____ Eucharist	_____ Confirmation
_____	_____	_____	_____	___/___/___	_____ Baptism date/place	_____ Eucharist	_____ Confirmation

**Should we be aware of any disabilities?** \_\_\_\_\_

**Is there anything else you would like us to know?** \_\_\_\_\_

ACS \_\_\_\_\_ NPW \_\_\_\_\_ Env # \_\_\_\_\_