

Sacred Heart Church 130 Bach Street LaPorte, IN 46350

(Please complete both sides and return to Parish Office
Or place in Mass collection basket)

Mailing Address: Circle one: Mr. , Ms., Miss., Mrs., Mr. & Mrs., Other _____ First Name(s) _____

Last Name: _____ (Wife's Maiden name as appropriate _____)

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Cell Phone: _____ Email: _____

Previous Parish: _____

List members of family living at home: Note: children under 21 whom you are responsible or are in college/trade school. Please do not list married children or those living elsewhere. Out of school and gainfully employed adult children, even if living at home, are to register in their own names.

Names of Family Members		Sex	DOB	Occupation/place of employment	Religious Affiliation	Sacramental Information (Yes or No)		
Last Name	First Name	M/F	Month/day/Year			Baptized	First Communion	Confirmed

Name	Marital Status (S, M, D)	Place of Marriage	Married by a Catholic Priest Y/N

Are any family member interested in the below activities/ministries?				
Ministry :	Name of Family Member Interested			
Eucharistic Minister				
Lector				
Altar Server				
Music Ministry				
Knights of Columbus				
Holy Name Society				
Altar and Rosary Society				
RCIA (Adult joining the Church)				
RCIA (Team Members)				
Faith Formation (as student)				
Faith Formation (as teacher or assistant)				
Summer Parish Festival				
Social Committee				
For more information on more ministries/activities see the parish website: www.sacredheartlp.org				

Would you like your school age children to receive special “children’s” offertory envelopes? Yes ____ No _____

Other information about your family we should know? Or other special gifts/talents you bring to the parish family:

For Office Use Only	
Envelope Number	
Entered into Census	
Copy for Father’s File	
Letter Sent	
Date of registration	