

Sacred Heart Catholic Church

201 Bach Street La Porte, IN 46350

Parish Registration Form

Mailing Address: Indicate one: __ Mr., __ Ms., __ Mrs., __ Mr. & Mrs., __ Dr., Other _____ Date of registration _____

Family Last Name: _____

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

Family Home Phone number: _____ Family Email: _____

Members of family living at home: Include 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.

See back side to list additional family members

Complete a column for each member of the family being registered

Last Name (if different from family last name)				
Prefix (Mr. Mrs. Ms. Dr. etc.)				
First Name				
Middle				
Maiden Name if married female				
Sex M/F				
Birthdate mm/dd/yyyy				
Occupation/ Place of Employment				
Degree (current grade if student)				
Religious Affiliation				
Marital Status (S, M, D)				
If Married, by Catholic Priest Y/N				
Baptismal Status (Yes or No)				
Catholic 1 st Communion (Yes or No)				
Catholic Confirmation (Yes or No)				
Email				
Cell Phone				
Relevant skills/hobbies				
Area of Ministry that have interest				

Last Name				
Prefix (Mr. Mrs. Ms. Dr. etc.				
First Name				
Middle				
Maiden Name if married female				
Sex M/F				
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Catholic Confirmation (Yes or No)				
Email				
Cell Phone				
Relevant skills/hobbies				
Area of Ministry that have interest				

Other information about your family we should know

Special Gifts and talents you bring to the parish family

Are there any elderly or homebound members of the family?

For Office Use Only

Envelope Number _____

Entered into PDS _____