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For Office Use Only

Holy Cross Catholic Church Parish Registration

Date _____

Please complete. Return to: Holy Cross Parish Office, 4492 Lake Ave, Rochester, NY 14612 via mail, collection basket, or in person. Please PRINT all information and CHECK BOXES that apply.

Family Name <i>(last name only)</i>		Wife's Maiden Name		Marriage Blessed by Roman Catholic Church?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
House # and Street Name or Post Office Box		City	State, Zip Code	Day Time Telephone #	<input type="checkbox"/> Unlisted
				()	
Evening Telephone #	<input type="checkbox"/> Unlisted	Cell Phone # <i>(optional)</i>	E-mail Address <i>(optional)</i>	2nd E-mail Address <i>(optional)</i>	
()					
1st ADULT					
Title	First Name	M.I. <i>(Last if different)</i>	Gender	Marital Status _____	Special Concerns _____
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Blind <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Wheelchair
Date of Birth	/	/	(mm/dd/year)	<input type="checkbox"/> Widow-er <input type="checkbox"/> Separated	<input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Home Bound
Have you received: _____			Do you: _____		
Baptism	Eucharist	Reconciliation	Confirmation	Attend Mass	Work
<input type="checkbox"/> Roman Catholic	<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"/> Weekly <input type="checkbox"/> Seldom	<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Student <input type="checkbox"/> Retired
<input type="checkbox"/> Christian <input type="checkbox"/> No <input type="checkbox"/> Other Religion _____				<input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Unemployed <input type="checkbox"/> Service <input type="checkbox"/> Home
2nd ADULT					
Title	First Name	M.I. <i>(Last if different)</i>	Gender	Marital Status _____	Special Concerns _____
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Blind <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Wheelchair
Date of Birth	/	/	(mm/dd/year)	<input type="checkbox"/> Widow-er <input type="checkbox"/> Separated	<input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Home
Have you received: _____			Do you: _____		
Baptism	Eucharist	Reconciliation	Confirmation	Attend Mass	Work
<input type="checkbox"/> Roman Catholic	<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"/> Weekly <input type="checkbox"/> Seldom	<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Student <input type="checkbox"/> Retired
<input type="checkbox"/> Christian <input type="checkbox"/> No <input type="checkbox"/> Other Religion _____				<input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Unemployed <input type="checkbox"/> Service <input type="checkbox"/> Home
<i>Please complete page 2 for all dependent children, listing them from oldest to youngest. Use additional pages as necessary.</i>					

DEPENDENT CHILD

Title First Name _____ M.I. (*Last if different*) _____ Gender M F School Status Catholic School Public _____ Grade _____ Special Concerns _____
 Blind Hearing Impaired Wheelchair

Date of Birth / / (mm/dd/year) _____ Religious Education No Rel Ed Developmentally Disabled Home Bound

Have you received: _____

Baptism Roman Catholic Christian Yes No No Other Religion _____
Eucharist Yes No
Reconciliation Yes No
Confirmation Yes No

Do you: _____

Attend Mass Weekly Seldom Sometimes Never
Work Student Full Part Unemployed Service

DEPENDENT CHILD

Title First Name _____ M.I. (*Last if different*) _____ Gender M F School Status Catholic School Public _____ Grade _____ Special Concerns _____
 Blind Hearing Impaired Wheelchair

Date of Birth / / (mm/dd/year) _____ Religious Education No Rel Ed Developmentally Disabled Home Bound

Have you received: _____

Baptism Roman Catholic Christian Yes No No Other Religion _____
Eucharist Yes No
Reconciliation Yes No
Confirmation Yes No

Do you: _____

Attend Mass Weekly Seldom Sometimes Never
Work Student Full Part Unemployed Service

DEPENDENT CHILD

Title First Name _____ M.I. (*Last if different*) _____ Gender M F School Status Catholic School Public _____ Grade _____ Special Concerns _____
 Blind Hearing Impaired Wheelchair

Date of Birth / / (mm/dd/year) _____ Religious Education No Rel Ed Developmentally Disabled Home Bound

Have you received: _____

Baptism Roman Catholic Christian Yes No No Other Religion _____
Eucharist Yes No
Reconciliation Yes No
Confirmation Yes No

Do you: _____

Attend Mass Weekly Seldom Sometimes Never
Work Student Full Part Unemployed Service