

Welcome to Holy Family Catholic Church

To register with the parish please complete the following information and return it, thank you.

Env # _____ Last Name _____ First Name _____ Spouse _____ M/M Mr. Mrs. Ms. Dr.

P.O. Box _____ Street Address _____ City _____ Zip _____

Phone: Home _____ Cell _____ Years in Lawton Area _____ Marital Status: Church Mar, Mar, Sing, Wid, Sep, Div.

Date Registered _____ Email: _____ Church Attendance: Regular _____ Frequent _____ Seldom _____

	Head of House	Spouse	Child/Other	Child	Child	Child	Child
First Name							
Last Name							
Marital Status							
Religion							
Handicap (Y) (N)							
Occupation							
Education/Grade							
Sex (M) (F)							
Birthdate (mm/dd/yr)							
Baptism (Y) (N) & Mo/Yr							
Penance (Y) (N) & Mo/Yr							
First Communion (Y) (N) & Mo/Yr							
Confirmation (Y) (N) & Mo/Yr							
Date Married							
Languages Spoken							

Would your non-Catholic spouse like to learn more about the Catholic Church? Yes _____ No _____	Please Check Which Apply. For Statistics Only.
Would you like more information about Religious Education for your children? Yes _____ No _____	
Are you married in the Catholic Church by a Catholic Priest or Deacon? Yes _____ No _____	
If you are not, would you like to be married in the Catholic Church? Yes _____ No _____	
	American Indian _____ Asian _____ Black _____
	Caucasion _____ Hispanic _____
	Pacific Islander _____ Other _____