

**SACRED HEART CATHOLIC CHURCH REGISTRATION FORM**

150 E. Summit Ave., Muskegon Hts., MI 49444-2171

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Please Print

Date \_\_\_\_\_

Last Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Type: Cell or Landline

Street Address \_\_\_\_\_ Apt/Lot# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Maiden Name \_\_\_\_\_ Preferred Email(s) \_\_\_\_\_

Marital Status (circle) Single Married Widowed Divorced Date & Place of Marriage \_\_\_\_\_

Were you married, or was your marriage Convalidated, by a Catholic Priest? Yes No Convalidation Date/Place \_\_\_\_\_

Family Member Info (Full Names)	*Preferred Title	Nickname	Date of Birth	Gender M or F	Occupation	Work Phone
Head of Household	Race					

Spouse	Race					
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Family Member Info (Full Names)	Date of Birth	Nickname	Grade Level	Gender M or F	Attending Religious Ed? Yes or No If yes, at what Parish?	School System
Children living at home	Race					
1)						
2)						
3)						
4)						
5)						

\*Preferred Title: Mr. Mrs. Ms. Miss

(Page 1. All information is confidential. For Church use only. **Over for pg. 2** --Sacramental information)

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Sacramental Information for each Family Member

NAME→						
Baptism Date						
Church/Location						
Religion						
First Eucharist Date						
Church/Location						
Confirmation Date						
Church/Location						

Circle, if you would like to be contacted or participate in any of the following Activities/Ministries:

- Adult Choir                      Food Pantry                                      Sacristan
- Altar Server                      Fund Raisers                                      Usher
- Altar Society                      Funeral Luncheons
- Bible Study                      Greeters                                      Volunteer as/where needed
- Cantor                      Gift Bearers
- Chair/Co-chair Events              Knights of Columbus Holy Rosary Council 13579
- Children's Choir                      Knights of Peter Claver
- Children's Liturgy                      Lector                                      Other: \_\_\_\_\_
- Church Dinners                      Parish Office help                                      \_\_\_\_\_
- Coffee/Rolls                      Prayer Healing                                      \_\_\_\_\_
- Communion to Homebound/Nursing Homes/Hospitals
- Count Collection                                      What Mass do you normally attend? \_\_\_\_\_
- Eucharistic Minister                      Religious Education

For Office Use Only:	Envelope No. _____	Joined How _____
Date Rcvd. _____		
Date Entered ACS _____		