

SACRED HEART CATHOLIC CHURCH REGISTRATION FORM

150 E. Summit Ave., Muskegon Hts., MI 49444-2161

Office 231 733-2440, Fax 231 733-5128, Email admin@sacredheartmuskegon.org, Web <http://sacredheartmuskegon.org>

Please Print

Date _____

Head of Household

Full 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 Lector
- Children's Liturgy Parish Office help Other: _____
- Church Dinners Prayer Healing _____
- Coffee/Rolls _____
- 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 _____	