

HOLY SPIRIT AT GEIST

Parish Registration Form

Registration No. _____

Date Registered _____

MALE
Last Name First Middle

_____ Street

_____ City/State/Zip

_____ Subdivision

Home Phone _____ Cell Phone _____

e-mail address _____

Birth Date _____ City/State _____

Occupation _____

Employer _____

Work Phone _____

High School _____

College _____

Degree _____ Mo/Yr _____

College _____

Advance Degree _____ Mo/Yr _____

Languages Spoken (other than English) _____

Religion _____

Marital Status: _____ Married/Date _____

_____ Single _____ Divorce _____ Widowed

Sacraments Received:
Baptism Yes _____ No _____
Reconciliation Yes _____ No _____
First Communion Yes _____ No _____
Confirmation Yes _____ No _____

Most Recent Parish Registered _____

Do you wish to be in the Parish Directory? _____

FEMALE
Last Name First Middle (Maiden)

_____ Street

_____ City/State/Zip

_____ Subdivision

Home Phone _____ Cell Phone _____

e-mail address _____

Birth Date _____ City/State _____

Occupation _____

Employer _____

Work Phone _____

High School _____

College _____

Degree _____ Mo/Yr _____

College _____

Advance Degree _____ Mo/Yr _____

Languages Spoken (other than English) _____

Religion _____

Marital Status: _____ Married/Date _____

_____ Single _____ Divorced _____ Widowed

Sacraments Received:
Baptism Yes _____ No _____
Reconciliation Yes _____ No _____
First Communion Yes _____ No _____
Confirmation Yes _____ No _____

Most Recent Parish Registered _____

Do you wish to be in the Parish Directory? _____

PARISH CENSUS FOR CHILDREN

Last Name _____ First _____ Middle _____
Sex _____ Date of Birth _____ City/State _____
Religion _____ Name of School _____ Grade _____

Sacraments: _____ Baptism Mo _____ Yr _____ Holy Communion Mo _____ Yr _____
_____ Reconciliation Mo _____ Yr _____ Confirmation Mo _____ Yr _____

Last Name _____ First _____ Middle _____
Sex _____ Date of Birth _____ City/State _____
Religion _____ Name of School _____ Grade _____

Sacraments: _____ Baptism Mo _____ Yr _____ Holy Communion Mo _____ Yr _____
_____ Reconciliation Mo _____ Yr _____ Confirmation Mo _____ Yr _____

Last Name _____ First _____ Middle _____
Sex _____ Date of Birth _____ City/State _____
Religion _____ Name of School _____ Grade _____

Sacraments: _____ Baptism Mo _____ Yr _____ Holy Communion Mo _____ Yr _____
_____ Reconciliation Mo _____ Yr _____ Confirmation Mo _____ Yr _____

Last Name _____ First _____ Middle _____
Sex _____ Date of Birth _____ City/State _____
Religion _____ Name of School _____ Grade _____

Sacraments: _____ Baptism Mo _____ Yr _____ Holy Communion Mo _____ Yr _____
_____ Reconciliation Mo _____ Yr _____ Confirmation Mo _____ Yr _____

Last Name _____ First _____ Middle _____
Sex _____ Date of Birth _____ City/State _____
Religion _____ Name of School _____ Grade _____

Sacraments: _____ Baptism Mo _____ Yr _____ Holy Communion Mo _____ Yr _____

____ Reconciliation Mo ____ Yr ____

____ Confirmation Mo ____ Yr ____

Additional Comments:
