

# Holy Apostles Parish Registration

Registration Date \_\_\_\_\_

**For Office Use Only:**  
 Date entered: \_\_\_\_\_ By: \_\_\_\_\_ Envelope #: \_\_\_\_\_ Ministry Directory Y N

Family Name	Primary Contact	Home Phone	Unlisted? Y N
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Primary Email Add.	Emergency Contact	Phone	

	Primary Contact	Spouse	Child	Child	Child	Child
Title						
First Name						
Middle Name						
Last Name						
Religion						
Marital Status						
Gender						
E-mail Address						
Business Phone						
Cell Phone						
Special Needs						

Date of Birth				
Marriage Date				
Baptism Date				
1st Communion				
Confirmation				

Moved From: Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

HOW WILL YOU SUPPORT THE PARISH (Circle as many as apply) TIME TALENT TREASURE  
 DID YOU RECEIVE A MINISTRY DIRECTORY WITH THIS REGISTRATION FORM: Y \_\_\_\_\_ N \_\_\_\_\_