

Holy Family Catholic Community
7321 Burkittsville Road
Middletown, MD 21769
301-473-4800

For office use only

Envelope number: _____

Registration date: _____

For office use only

Contact form sent: _____

Please **PRINT**

Date: _____

FAMILY INFORMATION

Family Last Name: _____

Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Family e-mail address: _____ *May we include your phone, address and e-mail in our parish directory?* _____

Emergency Contact: _____ Emergency Phone #: _____

Sacrificial Giving preference: _____ Envelopes _____ Electronic transfer funds (*please see blue sheet to sign up*)

MARITAL STATUS _____ Single _____ Married _____ Divorced _____ Widowed _____ Separated

If married, was the ceremony a valid Catholic Marriage? _____ **Yes** _____ **No** _____ **Wedding Date:** _____
(Valid means a ceremony in a Catholic Church or in a non-Catholic Church but with Dispensations.)

If No, would you like to be contacted to have the marriage validated? _____ **Wife's Maiden Name:** _____

If married & want our mailings addressed other than "Mr. & Mrs.", please indicate title here: _____

HEAD OF HOUSEHOLD INFORMATION

Male: Full Name: _____

Female: Full Name: _____

Preferred name: _____

Preferred name: _____

Date of Birth (include month/day/year): _____

Date of Birth (include day/month/year): _____

Please indicate religion: _____

Please indicate religion: _____

Baptized? _____ RCIA? _____ Confirmed? _____

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Occupation: _____
(please be specific)

Occupation: _____
(please be specific)

Highest level of education completed: _____

Highest level of education completed: _____

Work phone: _____ Cell phone: _____

Work phone: _____ Cell phone: _____

Email: _____

Email: _____

If you are currently registered with another parish, please list the name _____

Are there any special needs for you or your spouse? _____

DEPENDENT INFORMATION (Please list dependent children who reside in your household. If more than five children, please continue information on an additional sheet- thank you.)

Child's Name: _____ Gender: _____ Birth date: _____
Preferred name: _____ Special needs? _____
Please indicate Religion: _____ Current grade in school: _____ Attend Catholic School? _____
Check Sacraments Received: _____ Baptism _____ Eucharist _____ Reconciliation _____ Confirmation

Child's Name: _____ Gender: _____ Birth date: _____
Preferred name: _____ Special needs? _____
Please indicate Religion: _____ Current grade in school: _____ Attend Catholic School? _____
Check Sacraments Received: _____ Baptism _____ Eucharist _____ Reconciliation _____ Confirmation

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If you are ready to be involved in a ministry at this time, please return the enclosed Time and Talent sheet with your registration. Someone from our Welcoming Committee will also follow-up with you.