



Holy Family Catholic Church

1200 Ligonier St. Latrobe, PA. 15650

(724) 539-9751

PARISH REGISTRATION

Household Information

Family Name: _____

Address: _____

City: _____

Zip Code: _____

Home Phone: _____

Other Phone: _____

Total number of people at this address: _____

(NOTE: Children over the age of 21 should fill out a separate form.)

Individual Information

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Cell Phone: _____

Email: _____

Religious Background:

Catholic: Yes
 No

Rite: Roman
 Byzantine
 Coptic
 Melkite

Latin
 Maronite
 Chaldean
 Other: _____

Baptized: Yes
 No

Church Name: _____

Address: _____

First Holy Communion: Yes

Church Name: _____

No

Address: _____

Confirmation: Yes

Church Name: _____

No

Address: _____



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Individual Information Cont.

(If not Catholic) Religious Affiliation:

Head of Household: Yes No

Marital Status: Married Single Widowed
 Separated Divorced Church Annulled

(If Married) Date of Wedding:

Church Name:

Address:

Officiant *(name & title)* :

Accommodations: *Please list any accommodations you would need to fully access our ministries and worship with us on Sundays:*

Current Occupation:

I would like more information about:

<input type="checkbox"/> Becoming Catholic	<input type="checkbox"/> Fellowship Opportunities	<input type="checkbox"/> Catholic Schools
<input type="checkbox"/> Bible Study/ Adult Faith Formation	<input type="checkbox"/> Volunteer Opportunities	<input type="checkbox"/> Religious Education for Children
<input type="checkbox"/> Men's Ministry	<input type="checkbox"/> Women's Ministry	



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Men's Ministry

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Children Information

(under 21)

Name: Preferred Name/Nickname: Date of Birth: Sex: M / F Baptized: Y / N Church Name: Date: First Holy Communion: Y / N Church Name: Date: Confirmation: Y / N Church Name: Date:	Name: Preferred Name/Nickname: Date of Birth: Sex: M / F Baptized: Y / N Church Name: Date: First Holy Communion: Y / N Church Name: Date: Confirmation: Y / N Church Name: Date:
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