

HOLY NAME CATHOLIC PARISH

REGISTRATION FORM

Family Last Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Primary Telephone: _____ Primary Email: _____

Should we provide offertory envelopes? (online giving available at holynamedenver.org) Yes No

What is the best way for our Welcome Committee to contact you? Email Phone / daytime evening

Which Mass do you usually attend? Please circle: 4:30pm 8am 10:30am

Would you like to receive a free archdiocesan newspaper?: Language: English Español

Denver Catholic Register *El Pueblo Católico*

HEAD OF HOUSEHOLD

SPOUSE

Name:	Name:
Maiden Name:	Maiden Name:
Date of Birth (MM/DD/YY):	Date of Birth (MM/DD/YY):
Sex:	Sex:
Religion:	Religion:
Occupation:	Occupation:
Sacramental Information: Baptism (Y/N) First Communion (Y/N) Confirmation (Y/N)	Sacramental Information: Baptism (Y/N) First Communion (Y/N) Confirmation (Y/N)
Contact Information: Cell phone: _____ Email: _____	Contact Information: Cell phone: _____ Email: _____

Marital Status:

Married: Catholic Marriage Civil Marriage Married in another denomination
 Single Separated Divorced Widowed

PLEASE FILL OUT REVERSE SIDE.

CHILDREN UNDER THE AGE OF 21 (LIVING AT HOME)

First Name				
Last Name				
Date of Birth				
Sex				
Sacramental Information	Baptism (Y/N) First Communion (Y/N) Confirmation (Y/N)	Baptism (Y/N) First Communion (Y/N) Confirmation (Y/N)	Baptism (Y/N) First Communion (Y/N) Confirmation (Y/N)	Baptism (Y/N) First Communion (Y/N) Confirmation (Y/N)

If any of your children are attending a Catholic school, please note which child and the name of the school.

I AM INTERESTED IN...

- | | | |
|--|--|---|
| <input type="checkbox"/> Having an Adoration Hour | <input type="checkbox"/> Helping with the Liturgy | <input type="checkbox"/> Opportunities for Young Adults |
| <input type="checkbox"/> Joining a Small Group Study | <input type="checkbox"/> Lector <input type="checkbox"/> Sacristan | <input type="checkbox"/> Opportunities for Singles |
| <input type="checkbox"/> Joining the Hospitality Committee | <input type="checkbox"/> Usher <input type="checkbox"/> Music | <input type="checkbox"/> Opportunities for Families |
| <input type="checkbox"/> Serving the Poor | <input type="checkbox"/> Altar server | <input type="checkbox"/> Opportunities for Seniors |
| <input type="checkbox"/> Helping with Events | <input type="checkbox"/> Opportunities for Middle/High Schoolers | <input type="checkbox"/> Grupo en Español |

Do you have any special needs you would like Holy Name to know about?

Name(s) of Holy Name Parishioner(s) you have met: _____

Please print out this form and return it to the front office, or email it to office@holynamedenver.org.