

Sacred Heart Catholic Church

503 N. Queen St.
Palestine, TX 75801
903-729-2463

Family Registration Form

Today's Date: ___/___/___

Family Name:

Head: Last: _____ First: _____

Spouse: Last: _____ First: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City _____ Zip: _____
(If different from street address)

Phone: _____ home / office / cell / other Unlisted? Yes/No

Phone: _____ home / office / cell / other Unlisted? Yes/No

Email: _____ Send Email? _____

Primary language: English / Spanish (circle one)

Are you new to the parish? Yes / No

Wedding anniversary Date: _____

Personal Information: (List your name, wife and children)

Name	Relationship	Ethnicity	Birth Date	Date of Baptism	Date of Communion	Date of Confirmation	Occupation or Grade

May we call you if we need more information? Yes / No

If you want to volunteer for any ministry, please mark _____ yes and someone will call you.

Faith Formation Classes _____, Altar Society _____, Life Teen _____, Ushers _____