



<u>FOR OFFICE USE ONLY</u>	
DATE: _____	RESERVE SEATS FOR _____
TIME: _____	BOOK NUM. _____
CLERGY: _____	PAGE / ENTRY # _____ / _____



BAPTISM REGISTRATION FORM

PLEASE PRINT CLEARLY

FULL BAPTISMAL NAME OF CHILD _____ MALE/FEMALE

DATE OF BIRTH: _____ PLACE OF BIRTH: (CITY) _____

FATHER'S FULL NAME: _____

FATHER'S RELIGION _____ ARE YOU BAPTIZED IN THIS FAITH? _____

MOTHER'S FULL MAIDEN NAME: _____

MOTHER'S RELIGION _____ ARE YOU BAPTIZED IN THIS FAITH? _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE NUMBERS: _____

E-MAIL ADDRESS: _____

*** PLEASE PROVIDE A COPY OF THE CHILD'S BIRTH CERTIFICATE***

ARE YOU REGISTERED MEMBERS OF HOLY FAMILY PARISH? YES _____ NO _____

THIS CHILD IS OUR FIRST _____ SECOND _____ THIRD _____ FOURTH _____ FIFTH _____ SIXTH _____

DO YOU ATTEND SUNDAY MASS REGULARLY? FATHER - YES _____ NO _____ MOTHER - YES _____ NO _____

IF MARRIED, IS THIS YOUR FIRST MARRIAGE? (FOR THE FATHER) _____ (FOR THE MOTHER) _____

IF MARRIED, DID THE CURRENT MARRIAGE TAKE PLACE IN THE CATHOLIC CHURCH? YES _____ NO _____

IF "YES": NAME OF CHURCH _____ CITY _____

IF "NO": OTHER CHURCH? _____

CIVIL CEREMONY? WHERE? _____

IF YOU ARE DIVORCED, DID THE MARRIAGE TAKE PLACE IN THE CATHOLIC CHURCH? YES _____ NO _____

ARE YOU A SINGLE PARENT? YES _____ NO _____

ARE YOU IN A COMMON LAW UNION? YES _____ NO _____

HAVE YOU ATTENDED A BAPTISM PREPARATION CLASS WITHIN THE LAST TWO YEARS? YES _____ NO _____

WHEN? _____ WHERE? _____

BAPTISMAL GODPARENTS: (ONE GODPARENT HAS TO BE A CONFIRMED CATHOLIC)

_____ RELIGION _____

_____ RELIGION _____

Holy Family Parish

1451 Strachan Rd. SE - Medicine Hat AB T1B 4V3
 Phone: (403) 527-6933 FAX: (403) 526-2482

Census Form

Personal Information

Family Name:	Reg. Date: <small>yyyy/mm/dd</small>	Donation Envelopes: <input type="checkbox"/> Yes/No <input type="checkbox"/>
Mailing Name:	Home Phone:	
Mailing Address:	Home Fax:	
City/Prov/Postal:	Mass of Choice:	

yyyy/mm/dd

Last Updated:

For Each Family Member, list the details on each person, start with the Envelope Holder, include all children, or other relatives living in the same household/family.

	Family Member	Family Member	Family Member	Family Member
Last Name				
First Name				
Middle Names				
Gender M / F	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>
Date of Birth <small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>
Marital Status				
Family Relation				
Parishioner (Y/N)	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Envelope#				
Religion				
Occupation				
Bus.Phone				
Bus.Fax				
Cell Phone				
School + Grade				
Email Address				
Maiden Name	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home