

## HOLY CROSS PARISH PARISHIONER FORM

Please print legibly

\_\_\_\_\_  New Parishioner  Update for Existing Parishioner  
Date (Complete sections that have changed)

Head of Household Name \_\_\_\_\_  
Last First Middle  
 Single  Married  Widowed  Divorced

Spouse Name \_\_\_\_\_  
Last First Middle  
 Single  Married  Widowed  Divorced

Address \_\_\_\_\_  
Street City State Zip

Mailing Address (If different than above) \_\_\_\_\_  
Street/Po Box City State Zip

### Husband or Male Head of Household

Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Sacraments received:

Baptism  First Communion  
 Confirmation  Marriage

### Wife or Female Head of Household

Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Sacraments received:

Baptism  First Communion  
 Confirmation  Marriage

Our Family usually attends the Following Mass:

Sat 4:30 pm  Sun 8:00 am  
 Sun 10:00 am  Sun 12:00 pm

Last Parish attended: \_\_\_\_\_ City/State \_\_\_\_\_

### I would like more information about:

How to become Catholic  Returning to the Catholic Church  
 Being married at Holy Cross  Faith Formation  
 Baptism  Confirmation

**Other family members living in home and sacramental history**

	Last	First	Middle	Birthdate Month, Day,	
1	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confirmation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Marriage	
2	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confirmation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Marriage	
3	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confirmation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Marriage	
4	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confirmation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Marriage	
5	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confirmation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Marriage	
6	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confirmation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Marriage	

**I am interested in the following ministries:**

Liturgical

- |   |  |
|---|--|
| <input type="checkbox"/> Communion Minister | <input type="checkbox"/> Sacristan     |
| <input type="checkbox"/> Lector             | <input type="checkbox"/> Usher/Greeter |
| <input type="checkbox"/> Altar Server       | <input type="checkbox"/> Décor         |
| <input type="checkbox"/> Music              |  |

Faith Formation and Prayer

- |  |  |
|--|--|
| <input type="checkbox"/> Children            | <input type="checkbox"/> Teen          |
| <input type="checkbox"/> Adult Bible Studies | <input type="checkbox"/> Rosary groups |
| <input type="checkbox"/> Adult Book Club     |  |

Community Outreach

- |  |  |
|--|--|
| <input type="checkbox"/> St Vincent de Paul  | <input type="checkbox"/> Homebound Visitations |
| <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Hospital Visitations  |
| <input type="checkbox"/> Women's Guild       |  |

Other Ministries

- |   |   |
|---|---|
| <input type="checkbox"/> Pastoral Council | <input type="checkbox"/> Widow/Widowers Group |
| <input type="checkbox"/> Finance Council  | <input type="checkbox"/> Baking / Cooking     |

**OFFICE USE ONLY**

Fam ID \_\_\_\_\_

Env Sent \_\_\_\_\_

Contacted Fam \_\_\_\_\_