

# Parish Registration

Welcome to Holy Infant! Please return the registration form to the Parish Office or mail to  
Holy Infant, 627 Dennison Drive, Ballwin, MO 63021

	Head of Household	Spouse
<b>Title (Circle one)</b>	Mr. Mrs. Miss Ms. Dr. Other ____	Mr. Mrs. Miss Ms. Dr. Other ____
<b>Name (First – Middle - Last) LADIES–PLEASE PROVIDE MAIDEN NAME</b>		
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Date of Birth</b>		
<b>Preferred Name or Nickname</b>		
<b>Address</b>		
<b>City, State / Zip</b>		
check if unlisted <input type="checkbox"/>		
<b>Home Phone</b>	( ) - check if unlisted <input type="checkbox"/>	
<b>Cell Phone</b>	( ) -	( ) -
<b>Work Phone</b>	( ) -	( ) -
<b>E-Mail Address</b>		
<b>Phone Number to publish in Parish Family Directory*</b>	( ) - <span style="float: right;"><i>*Parish Directory is for parish members only</i></span>	
<input type="checkbox"/> I/We do not want my/our name published in the Parish Directory		
<b>Marital Status</b>	<b>Catholic Marriage</b> Single	<b>Civil Marriage</b> Widowed
		<b>Marriage – Other Denomination</b> Separated      Divorced
<b>Anniversary Date</b>		
<b>Occupation</b>		
<b>Employer</b>		
<b>Religious Affiliation</b>		
<b>Baptism</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___
<b>Confirmation</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___
<b>First Communion</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___
<b>First Reconciliation</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___

**(CHILDREN INFORMATION ON REVERSE)**

Office Use Only – Date Entered; OSV & Envelope #; Religious Affiliation; Catholic or Mixed Home

### Children Living At Home

Name (first, middle, last, nickname)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/>	___/___/___	
	Female <input type="checkbox"/>		

<b>Religious Affiliation</b>			
<b>Baptism</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>Church of Baptism</b>			
<b>Confirmation</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>First Communion</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>First Reconciliation</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___

Name (first, middle, last, nickname)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/>	___/___/___	
	Female <input type="checkbox"/>		

<b>Religious Affiliation</b>			
<b>Baptism</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>Church of Baptism</b>			
<b>Confirmation</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>First Communion</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>First Reconciliation</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___

Name (first, middle, last, nickname)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/>	___/___/___	
	Female <input type="checkbox"/>		

<b>Religious Affiliation</b>			
<b>Baptism</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>Church of Baptism</b>			
<b>Confirmation</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>First Communion</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>First Reconciliation</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___

Name (first, middle, last, nickname)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/>	___/___/___	
	Female <input type="checkbox"/>		

<b>Religious Affiliation</b>			
<b>Baptism</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>Church of Baptism</b>			
<b>Confirmation</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>First Communion</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___
<b>First Reconciliation</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>	Date ___/___/___