

HOLY CROSS CATHOLIC CHURCH REGISTRATION

3175 Hathaway Court, Atlanta, GA 30341 • Phone: 770-939-3501

PLEASE FILL OUT this form completely and return to the church office or place in the weekly offertory

Today's date: _____

FOR OFFICE USE:

PS Fam. ID # _____ GA Bulletin OSV Env. # _____ Welcome Letter

Family Name:	<input type="checkbox"/> New Registration <input type="checkbox"/> Change of Information
Address:	Apt #
City:	Zip Code:
Family Email:	Family Telephone #
Previous Parish/Church:	Would you like to receive the Catholic newspaper "Georgia Bulletin" ? Yes <input type="checkbox"/> No <input type="checkbox"/>

Member # 1 Head of Household				
First Name:	Middle Initial:	Last Name:	Gender M / F	Birthdate ____/____/____
Cell#	Emergency Tel#	Profession:	I'm willing to volunteer : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Personal Email:	Special Needs?	Primary Language:		
Are you catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> Religion (if not Catholic): _____				
Check if Sacraments received: Baptism Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Other: _____			Marital Status: (Single, Married, Separated, Divorced, Annulled) Date MM/DD/YY: ____/____/____	

Member # 2 Relation to Head of Household (Wife, Son, Daughter, Mother, etc.): _____				
First Name:	Middle Initial:	Last Name:	Gender M / F	Birthdate ____/____/____
Cell#	Emergency Tel#	Profession:	I'm willing to volunteer : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Personal Email:	Special Needs:	Primary Language:		
Are you catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> Religion (if not Catholic): _____				
Check if Sacraments received: Baptism Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Other: _____			Marital Status: (Single, Married, Separated, Divorced, Annulled) Date MM/DD/YY: ____/____/____	

Member # 3 Relation to Head of Household (Son, Daughter, Mother, etc.): _____				
First Name:	Middle Initial:	Last Name	Gender M / F	Birthdate ____/____/____
Check if Sacraments received: Baptism Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Other: _____		Name of School Child Attends:	Special Needs:	

Member # 4 Relation to Head of Household (Son, Daughter, Mother, etc.): _____				
First Name:	Middle Initial:	Last Name	Gender M / F	Birthdate ____/____/____
Check if Sacraments received: Baptism Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Other: _____		Name of School Child Attends:	Special Needs:	

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Member # 5 Relation to Head of Household (Son, Daughter, Mother, etc.): _____				
First Name:	Middle Initial:	Last Name	Gender M / F	Birthdate ____/____/____
Check if Sacraments received: Baptism Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Other: _____		Name of School Child Attends:	Special Needs:	

Member # 6 Relation to Head of Household (Son, Daughter, Mother, etc.): _____				
First Name:	Middle Initial:	Last Name	Gender M / F	Birthdate ____/____/____
Check if Sacraments received: Baptism Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Other: _____		Name of School Child Attends:	Special Needs:	

Member # 7 Relation to Head of Household (Son, Daughter, Mother, etc.): _____				
First Name:	Middle Initial:	Last Name	Gender M / F	Birthdate ____/____/____
Check if Sacraments received: Baptism Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Other: _____		Name of School Child Attends:	Special Needs:	

Member # 8 Relation to Head of Household (Son, Daughter, Mother, etc.): _____				
First Name:	Middle Initial:	Last Name	Gender M / F	Birthdate ____/____/____
Check if Sacraments received: Baptism Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Other: _____		Name of School Child Attends:	Special Needs:	