

Reg. Date: \_\_\_\_\_

Sacred Hearts Parish  
Family Registration  
297 Main St., Malden, MA 02148, 781-324-0728

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I.: \_\_\_\_\_

Mailing Name (ie Mr. & Mrs. John Doe) \_\_\_\_\_

Address: \_\_\_\_\_ Add. 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Area Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Church Envelopes: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Env. # \_\_\_\_\_

**Individual Member Information**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

DOB: Year: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

First Language: \_\_\_\_\_

Occupation: \_\_\_\_\_

Sacramental Info: Baptized? \_\_\_\_\_ Catholic? Y/N \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What Church? \_\_\_\_\_

First Eucharist? Y/N \_\_\_\_\_ Confirmed? Y/N \_\_\_\_\_

\_\_\_\_\_ M.I.: \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_

Year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Baptized? \_\_\_\_\_ Catholic? Y/N \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

First Eucharist? Y/N \_\_\_\_\_ Confirmed? Y/N \_\_\_\_\_

Marital Status: \_\_\_\_\_ Valid Catholic Marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

(Single, Married, Separated  
Divorced, Annulled)

What Church: \_\_\_\_\_

**Dependent Information**

Relationship to

Head of

Household

(Son, Daughter, Mother, Father, etc.)

First Name

Last Name

M.I.

Gender

Birthdate

H.S.

Grad.Yr.

School

First Language

1 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M / F \_\_\_\_\_/\_\_\_\_\_

Baptism \_\_\_\_\_ Catholic Y/N \_\_\_\_\_ Eucharist Y/N \_\_\_\_\_ Confirmation Y/N \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ What Church: \_\_\_\_\_

2 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M / F \_\_\_\_\_/\_\_\_\_\_

Baptism \_\_\_\_\_ Catholic Y/N \_\_\_\_\_ Eucharist Y/N \_\_\_\_\_ Confirmation Y/N \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ What Church: \_\_\_\_\_

3 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M / F \_\_\_\_\_/\_\_\_\_\_

Baptism \_\_\_\_\_ Catholic Y/N \_\_\_\_\_ Eucharist Y/N \_\_\_\_\_ Confirmation Y/N \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ What Church: \_\_\_\_\_

Are there any members of your household who would like to be visited by a priest? Yes \_\_\_\_\_ No \_\_\_\_\_