

CATHEDRAL OF THE HOLY CROSS

Parishioner Census & Registration Form

75 Union Park Street, Boston MA 02118

www.holycrossboston.com

Please complete form for the ENTIRE family in your household.

Title Mr. Ms. Mrs. Sr. Bro. Rev.

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Date of Birth _____

Primary Language _____

Work Phone # _____

Company Name _____

E-mail (*very important*) _____

Mobile Phone _____

Occupation _____

Children (ages eighteen and under)

Name _____ Date of Birth _____

First Communion: YES NO Confirmation: YES NO

First Communion: YES NO Confirmation: YES NO

First Communion: YES NO Confirmation: YES NO

First Communion: YES NO Confirmation: YES NO

First Communion: YES NO Confirmation: YES NO

First Communion: YES NO Confirmation: YES NO

I currently use the weekly envelope system: YES NO

I wish to be enrolled in the weekly envelope system: YES NO

Please drop completed form at the church office or place in collection box.