



Holy Spirit Catholic Church

17270 Ward Street, Fountain Valley, CA 92708

714-963-1811 Fax: 714-968-1775

PARISH REGISTRATION FORM New Member Update Info

FAMILY NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE: _____

	HEAD OF HOUSEHOLD	SPOUSE
First Name:		
Middle Name:		
Last Name:		
Maiden Name:		
Contact Information:	Cell: _____ Work: _____ Email: _____ _____	Cell: _____ Work: _____ Email: _____ _____
Date of Birth:		
Religion:		
Occupation:		
Language Preferred:		
Baptized:	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, name of Church, City & State)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, name of Church, City & State)
Eucharist:	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, name of Church, City & State)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, name of Church, City & State)
Confirmation:	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, name of Church, City & State)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, name of Church, City & State)
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married in the Catholic Church-Date: _____ Name of Church, City & State: _____ <input type="checkbox"/> Civilly Married-Date: _____ <input type="checkbox"/> Had civil marriage validated in the Catholic Church-Date: _____ Name of Church, City & State: _____	
(for census use only) Ethnicity:		

How should mail to your home be addressed?

Mr. & Mrs. Mr. Mrs. Ms. Other: _____

How do you wish to make your weekly contribution?

Envelopes (Cash or checks) *Lose cash will not be recorded

On-line giving

EFT/ACH (Electronic Funds Transfer/Automatic Clearing House Transfer)

FOR OFFICE USE ONLY

Envelope ID#: _____

Date: _____

Family Information

	Child #1	Child #2	Child #3	Child #4	Child #5	Other
First & Middle Name (Last, if different)						
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female					
Son, Daughter, Other...						
Date of Birth:						
Religion:						
Married:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:
Baptized:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:
Eucharist:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:
Confirmation:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:	<input type="checkbox"/> YES <input type="checkbox"/> NO Church, City & State:
Occupation:						
Language Preferred:						
Special Needs:						

Please choose from the following list of ministries that you or other family members are interested in volunteering:

- | | | | |
|---------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Commentator/Lector | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Altar Society | <input type="checkbox"/> Extra-Ordinary Minister of Holy Communion – Altar | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Baptismal Ministry | <input type="checkbox"/> Extra Ordinary Minister of Holy Communion – Homebound | | <input type="checkbox"/> Stephen Ministry |
| <input type="checkbox"/> Faith Formation | <input type="checkbox"/> Youth Ministry | | <input type="checkbox"/> Other: _____ |