



HOLY FAMILY PARISH
710 S Wacouta Ave
Prairie du Chien WI 53821
608 - 326 - 6511

PARISHIONER REGISTRATION FORM

Head of Household
 (last name, first name):

Title (Circle if used):

Mr. and Mrs. Mr. Mrs. Miss Ms. Dr. Other: _____

Suffix (Circle if used):

Jr. Sr. II III IV Other: _____

First Name – Spouse:

If either spouse is NOT Catholic, please indicate how you would like parish mailings addressed:

Both spouses listed:

Yes/No

Catholic Spouse listed only:

Yes/No:

Primary Residence – Address Information

Street Address:

Mailing Address (if different):

City, State, Zip:

City, State, Zip:

Primary Phone:

Cell Phone:

Email Address:

Secondary Residence – Address Information

Street Address:

Dates at second residence: From _____ Month _____ Day to _____ Month _____ Day

City, State, Zip:

Send mail to second residence during that time:

_____ Yes _____ No

Primary Phone:

Head of Household Member Information

Member	Maiden Name:
Nickname: _____	_____
Date of Birth: _____	Marital Status: _____
Gender: _____	Religion: _____
Ethnicity: _____	High Grade: _____
Language: _____	Special Needs: _____

Occupation: _____	Business Phone: _____
Business Name: _____	Business Address: _____

If you don't know the month/day/year, please approximate the year. If the date is unknown, at least indicate with a "yes" if the sacrament was received. The name of the church is very helpful if known.

Baptism:	Yes/No	Date:	Church Name:	City, State:
1 st Communion:	Yes/No	Date:	Church Name:	City, State:
1 st Reconciliation:	Yes/No	Date:	Church Name:	City, State:
Confirmation:	Yes/No	Date:	Church Name:	City, State:
Marriage:	Yes/No	Date:	Church Name:	City, State:

For Office Use Only:

Date Registered:	____/____/____
Registration Information Entered:	____/____/____
Registration Packet Provided:	____/____/____

Spouse Member Information

Spouse (last name, first name): _____

Title (Circle if used): Mr. and Mrs. Mr. Mrs. Miss Ms. Dr. Other: _____

Suffix (Circle if used): Jr. Sr. II III IV Other: _____

Member Nickname: _____	Maiden Name: _____
Date of Birth: _____	Marital Status: _____
Gender: _____	Religion: _____
Ethnicity: _____	High Grade: _____
Language: _____	Special Needs: _____
Occupation: _____	Business Phone: _____
Business Name: _____	Business Address: _____
Email address: _____	

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1 st Reconciliation:	Yes/No	Date: _____	Church Name: _____	City, State: _____
Confirmation:	Yes/No	Date: _____	Church Name: _____	City, State: _____
Marriage:	Yes/No	Date: _____	Church Name: _____	City, State: _____

Child (under 18) Member Information

Name (last name, first name): _____

Member Nickname: _____	Religion: _____
Date of Birth: _____	Grade: _____
Gender: _____	School: _____
Ethnicity: _____	Special Needs: _____
Language: _____	High School Grad. Year: _____

Email address: _____

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1st Reconciliation: Yes/No Date: _____ Church Name: _____ City, State: _____

Confirmation: Yes/No Date: _____ Church Name: _____ City, State: _____

Marriage: Yes/No Date: _____ Church Name: _____ City, State: _____

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Member Nickname: _____

Religion: _____

Date of Birth: _____

Grade: _____

Gender: _____

School: _____

Ethnicity: _____

Special Needs: _____

Language: _____

High School Grad. Year: _____

Email address: _____

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1st Reconciliation: Yes/No Date: _____ Church Name: _____ City, State: _____

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Marriage: Yes/No Date: _____ Church Name: _____ City, State: _____

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Confirmation:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____
Marriage:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____

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Special Needs:

Language:

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Yes/No

Date:

Church Name:

City, State:

1st Communion:

Yes/No

Date:

Church Name:

City, State:

1st Reconciliation:

Yes/No

Date:

Church Name:

City, State:

Confirmation:

Yes/No

Date:

Church Name:

City, State:

Marriage:

Yes/No

Date:

Church Name:

City, State:

