

**PARISHIONER REGISTRATION FORM - HOLY NAME CHURCH  
1917 COCHRAN ST  
HOUSTON, TX 77009**

**OFFICE USE**

Reason:	<input type="checkbox"/> New Member	<input type="checkbox"/> Marriage	<input type="checkbox"/> Envelope Number # _____
Date:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Religious Education	

**FAMILY INFORMATION**

Family Last Name:	_____ Mr. & Mrs. _____ Mr. _____ Mrs. _____ Miss
Address:	City, State & Zip Code:
Home Phone:	Cellular:
Other Phone:	E-mail:

**HEAD OF THE HOUSE - MEMBER INFORMATION**

Name:	Last Name:	
Date of Birth:        /        /	Place of Birth:	
Religion:	Primary Language:	Secondary Language:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Other		
Married by Church? __Yes __No	Wedding Anniversary Date:	
Baptism: __Yes __No	1 <sup>st</sup> Eucharist: __Yes __No	Confirmation: __Yes __No
Talents:		
Are you interested in Church Ministries? __Yes __No <input type="checkbox"/> Explain.		

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