Welcome to Holy Family

Parishioner Registration Holy Family Catholic Church



919 NE 96th Street Kansas City, Mo., 64155 816-436-9200

	Please fill out to the b	est of your ability. I	lf information	is not a	applicable, lei	ave blank.			
Family Name	Date								
Address									
City			_ State		Zip				
Phone		Email_							
May we publish conta	act information in paris	h directories and p	arish Guide E	Book? Y	//N	_			
Adult #1 Full Name			Date of Birth (DOB)						
Religion		Occupation	<u> </u>						
Ethnicity		Maiden Na	me						
Baptism Catholic	Baptism Other	Eucharist	_ Confirmat	tion	(Please typ	oe 'X' after sacra	ments received.)		
Adult #2 Full Name	Date of Birth (DOB)								
Religion		Occupation							
Ethnicity		Maiden Name							
Baptism Catholic	Baptism Other	Eucharist	_ Confirmat	tion	(Please typ	oe 'X' after sacra	ments received.)		
	following with an X. *O	C	•		•				
Marriage Date	Church				City, State	e			
as marriage, baptism,	en only. In our diocese, (, etc. Adult, non-dependo attends Holy Family, asl	ent children should	be registered s	eparate					
	Child's Name		DOB	Sex	Baptism	Eucharist	Confirmation		
					Catholic Other				
					Catholic Other				
				<u> </u>	Catholic				

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		Catholic Other		
		Catholic Other		