

SacredHeartPineville.com/munity Registration Form

We/I wish to be listed on the rolls of the diocese as members of this parish.

Photocopy
As Needed

Family's LAST NAME	Family's Email Address	Today's Date	
Street Address	Mailing Address	City & Zip +4	Home Phone
☐ We check email regularly. Send email instead of mail when possible.			

Single Adult			
or Spouse:	Mr./Mrs./Ms./Dr.	Full Name	(Maiden Name)
☐ Married			
☐ Single	Occupation	Employer	Birth Date
☐ Widowed			
☐ Divorced	Religion	Catholic Sacraments Received:	Highest Grade or Degree
☐ Shut-in		☐ Baptism ☐ Confession	
Cell Phone:	☐ Eucharist ☐ Confirmation	Email	
Work Phone:	☐ Catholic Marriage on Date:		

Single Adult			
or Spouse:	Mr./Mrs./Ms./Dr.	Full Name	(Maiden Name)
☐ Married			
☐ Single	Occupation	Employer	Birth Date
☐ Widowed			
☐ Divorced	Religion	Catholic Sacraments Received:	Highest Grade or Degree
☐ Shut-in		☐ Baptism ☐ Confession	
Cell Phone:	☐ Eucharist ☐ Confirmation	Email	
Work Phone:	☐ Catholic Marriage on Date:		

Children Living at Home:				
Full Name	School	Grade	Gender	
Birth Date	Email	Catholic Sacraments Received:	☐ Baptism ☐ Confession	
Cell Phone:			☐ Eucharist ☐ Confirmation	

Full Name	School	Grade	Gender	
Birth Date	Email	Catholic Sacraments Received:	☐ Baptism ☐ Confession	
Cell Phone:			☐ Eucharist ☐ Confirmation	

Full Name	School	Grade	Gender	
Birth Date	Email	Catholic Sacraments Received:	☐ Baptism ☐ Confession	
Cell Phone:			☐ Eucharist ☐ Confirmation	

Other Adult			
In Home:	Mr./Mrs./Ms./Dr.	Full Name	(Maiden Name)
☐ Married			
☐ Single	Occupation	Employer	Birth Date
☐ Widowed			
☐ Divorced	Religion	Catholic Sacraments Received:	Highest Grade or Degree
☐ Shut-in		☐ Baptism ☐ Confession	
Cell Phone:	☐ Eucharist ☐ Confirmation	Email	
Work Phone:	☐ Catholic Marriage on Date:		