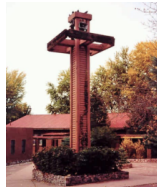




Holy Family Parish Registration Form



						SACRAMENTS				
FAMILY MEMBER NAMES	Gender (M/F)	Birth Date mm/dd/yy	Single, Married, Divorced, Widowed	Ethnicity/Race, Caucasian, Hispanic, African American, Asian	Contact Phone & E-mail	Occupation and/or Talent	BAPTISM	1st HOLY COMMUNION	CONFIRMATION	MARRIAGE
Adult <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult <input type="checkbox"/>	Child <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult <input type="checkbox"/>	Child <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult <input type="checkbox"/>	Child <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult <input type="checkbox"/>	Child <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult <input type="checkbox"/>	Child <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>