

# Holy Name of Jesus Parish Family Registration

Reg Date: / /

1104 S Ninth Ave, Wausau, WI 54401 (715) 842-4543

**Last Name:**  **First Name(s):**

**Mailing Name (ie Mr. & Mrs. John Doe)**

**Address:**  **Add2:**

**City:**  **State:**  **Zip:**  -

**AreaCode:**  **Home Phone:**  **Emerg. Phone:**

**Family Email:**  **Env#**

## Individual Member Information

|   |   |   |
|---|---|---|
| <b>Parish Status:</b> <small>(Active, Inactive)</small>         | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>   | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>   |
| <b>Role:</b> <small>(Head of House, Husband, Wife etc.)</small> | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>   | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>   |
| <b>First Name / Nickname:</b>                                   | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>   | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>   |
| <b>Gender:</b>  | Male / Female (Maiden) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>   | Male / Female (Maiden) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>   |
| <b>DOB (mm/dd/yyyy):</b>  | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> |
| <b>Email:</b>   | <span style="border: 1px solid black; display: inline-block; width: 450px; height: 15px;"></span>   |   |
| <b>Work Phone/Cell Phone:</b>                                   | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>   | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>   |
| <b>First Language:</b>  | <span style="border: 1px solid black; display: inline-block; width: 450px; height: 15px;"></span>   |   |
| <b>Occupation/Employer:</b>                                     | <span style="border: 1px solid black; display: inline-block; width: 450px; height: 15px;"></span>   |   |
| <b>Sacramental Info:</b>  | <b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>   | <b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>   |
| <b>Dates (mm/dd/yyyy):</b>                                      | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> |
| <small>(Single, Married, Separated, Divorced, Annulled)</small> | <b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>   | <b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>   |
| <b>Marital Status:</b>  | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>   | Valid Catholic Marriage? <input type="checkbox"/>   |

Are there any members of your household who would like to be visited by a priest?

## Dependent Children Information

|    | Relationship to Head of Household  | First Name / Last Name   | Gender   | Birthdate & Birthplace   | H.S. Grad Yr   | School First Language   |
|----|--|--|--|--|--|---|
| 1. | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>  | M / F  | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>   | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> |
|    | <b>Check if Sacrament Received. Add Date if known.</b>   | <b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>  | <b>Eucharist</b> <input type="checkbox"/>  | <b>Reconciliation</b> <input type="checkbox"/>   | <b>Confirmation</b> <input type="checkbox"/>   |   |
|    |  | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> |   |
| 2. | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>  | M / F  | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>   | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> |
|    | <b>Check if Sacrament Received. Add Date if known.</b>   | <b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>  | <b>Eucharist</b> <input type="checkbox"/>  | <b>Reconciliation</b> <input type="checkbox"/>   | <b>Confirmation</b> <input type="checkbox"/>   |   |
|    |  | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> |   |
| 3. | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>  | M / F  | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>   | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> |
|    | <b>Check if Sacrament Received. Add Date if known.</b>   | <b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>  | <b>Eucharist</b> <input type="checkbox"/>  | <b>Reconciliation</b> <input type="checkbox"/>   | <b>Confirmation</b> <input type="checkbox"/>   |   |
|    |  | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> |   |

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.