Welcome to Holy Family Church. We ask new parishioners to fill out this registration form and drop it in the collection basket at the weekend masses, or mail it to the parish office at 218 S. Maple Ave., Hannibal, MO 63401. You may also bring it by the parish office.

Date Registering _____\ ________

Adult 1 _____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____
Last First MI Nickname

Address _____ City _____ State _____ Zip _____

Home Phone: (____)_____ Alternate Phone: (____)_____ Email: _____

Birthdate: _________ Baptized: Yes ___ No ___ 1st Communion: Yes ___ No ___ Confirmed: Yes ___ No ____

Catholic: Yes ____ No ____ Marital Status: Single ____ Married ____ Divorced ____ Widowed ____

Date Married: _________ Marriage Blessed by the Catholic Church: Yes ____ No ____ Maiden Name _____

Place of Employment _____ Job Title _____ Business Phone _____

May we contact you during work hours? Yes ____ No ____

Adult 2 _____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____
Last First MI Nickname

Address _____ City _____ State _____ Zip _____

Home Phone: (____)_____ Alternate Phone: (____)_____ Email: _____

Birthdate: _________ Baptized: Yes ___ No ___ 1st Communion: Yes ___ No ___ Confirmed: Yes ___ No ____

Catholic: Yes ____ No ____ Marital Status: Single ____ Married ____ Divorced ____ Widowed ____

Date Married: _________ Marriage Blessed by the Catholic Church: Yes ____ No ____ Maiden Name _____

Place of Employment _____ Job Title _____ Business Phone _____

May we contact you during work hours? Yes ____ No ____

Children: (Persons over 18 should complete their own registration form)
Name:

Last	First	Gender	Birthdate	Grade	School	Baptism	1st Comm.	Reconciliation	Confirmation
						Yes No	Yes No	Yes No	Yes No
						Yes No	Yes No	Yes No	Yes No
						Yes No	Yes No	Yes No	Yes No
						Yes No	Yes No	Yes No	Yes No