
SACRED HEART PARISH

SACRED HEART CHURCH & ST. PHILIP NERI CHURCH

27 HARPER ST

STAMFORD, NY 12167 (607)652-7170

PARISH REGISTRATION FORM ENV. # _____

Family Last Name: _____

Title: Mr/Mrs. – Mr. – Mrs. – Ms. – Miss - Other: _____

Address: _____

Phone: _____

E-Mail _____

MEMBER INFORMATION

Head of House:

First Name: _____

Last Name: _____

Religion: _____

Birth Date: _____

Married: **yes – no**

Marriage date: _____

Baptized: **yes – no**

1st Communion: **yes – no**

Confirmation: **yes – no**

Spouse:

First Name: _____

Maiden name: _____

Religion: _____

Birth Date: _____

Married: **yes – no**

Marriage date: _____

Baptized: **yes – no**

1st Communion: **yes – no**

Confirmation: **yes – no**

OVER

Children: (living at home)

First Name: _____

Last name (if different): _____

Religion: _____

Birth Date: _____

Baptized: **yes – no** **Date:** _____

1st Communion: **yes – no** **Date:** _____

Confirmation: **yes – no** **Date:** _____

Children: (living at home)

First Name: _____

Last name (if different): _____

Religion: _____

Birth Date: _____

Baptized: **yes – no** **Date:** _____

1st Communion: **yes – no** **Date:** _____

Confirmation: **yes – no** **Date:** _____

Children: (living at home)

First Name: _____

Last name (if different): _____

Religion: _____

Birth Date: _____

Baptized: **yes – no** **Date:** _____

1st Communion: **yes – no** **Date:** _____

Confirmation: **yes – no** **Date:** _____

Children: (living at home)

First Name: _____

Last name (if different): _____

Religion: _____

Birth Date: _____

Baptized: **yes – no** **Date:** _____

1st Communion: **yes – no** **Date:** _____

Confirmation: **yes – no** **Date:** _____