

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: _____

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: _____

Would you like the Diocesan Newspaper the Evangelist? _____

“YOU ARE RESPONSIBLE FOR “YOUR” CHURCH”?

HOW WILL YOU FINANCIALLY SUPPORT “YOUR” CHURCH?

Answer: _____
