



Good Shepherd Catholic Church
5050 Oak Street
Hope Mills NC 28348 910-425-1590
FAMILY REGISTRATION FORM

Head of Household Information

Title: _____ First Name: _____ Last Name: _____ Middle Name/Initial: _____

Suffix: _____ Nickname/Preferred Name: _____ Gender: _____ DOB: _____

Marital Status: Married Single Widowed

Address Type: _____ Street: _____ City: _____

State: _____ Zip: _____ Home Number: _____ Cell Number: _____

Email Address 1: _____ Date: _____

Email Address 2: _____ Date: _____

Preferred Language: _____

Sacraments:

<input type="checkbox"/> Baptism	Date: _____
<input type="checkbox"/> First Communion	Date: _____
<input type="checkbox"/> Confirmation	Date: _____
<input type="checkbox"/> Matrimony	Date: _____ (in Catholic Church)

Spouse Information

Title: _____ First Name: _____ Last Name: _____ Middle Name/Initial: _____

Suffix: _____ Nickname/Preferred Name: _____ Gender: _____ DOB: _____

Marital Status: Married Single Spouse resides at the same address listed above

Address Type: _____ Street: _____ City: _____

State: _____ Zip: _____ Home Number: _____ Cell Number: _____

Email Address 1: _____ Date: _____

Email Address 2: _____ Date: _____

Preferred Language: _____

Sacraments:

<input type="checkbox"/> Baptism	Date: _____
<input type="checkbox"/> First Communion	Date: _____
<input type="checkbox"/> Confirmation	Date: _____
<input type="checkbox"/> Matrimony	Date: _____ (in Catholic Church)

Child Information

Name: _____ Name: _____ Name: _____

DOB: _____ DOB: _____ DOB: _____

<input type="checkbox"/> Baptism Date: _____	<input type="checkbox"/> Baptism Date: _____	<input type="checkbox"/> Baptism Date: _____
<input type="checkbox"/> First Communion Date: _____	<input type="checkbox"/> First Communion Date: _____	<input type="checkbox"/> First Communion Date: _____
<input type="checkbox"/> Confirmation Date: _____	<input type="checkbox"/> Confirmation Date: _____	<input type="checkbox"/> Confirmation Date: _____

Child Information (continued)

Name: _____

DOB: _____

 Baptism Date: _____ First Communion Date: _____ Confirmation Date: _____

Name: _____

DOB: _____

 Baptism Date: _____ First Communion Date: _____ Confirmation Date: _____

Name: _____

DOB: _____

 Baptism Date: _____ First Communion Date: _____ Confirmation Date: _____

Would you like weekly Offertory envelopes? Yes____ No____

The Offertory envelopes are mailed to your residence monthly. ALL envelopes for that month will be mailed to your house, including special collections.**Have you been registered in this Parish before? Yes____ No____ If yes, date ____/____/____****Information requested for Diocesan Census Reporting:****Head of Household**

Do you identify as (please check all that apply):

African Ancestry _____

Native American _____

Hispanic _____

Asian _____

Mixed-Race _____

Spouse

Do you identify as (please check all that apply):

African Ancestry _____

Native American _____

Hispanic _____

Asian _____

Mixed Race _____

For Office Use:**Date Received** ____ / ____ / ____**Data Base Updated** ____ / ____ / ____**Date Deleted from Parish** ____ / ____ / ____**Envelope Number** _____**Updated by:** _____**Reason for Deletion** _____