

OFFICE USE

ENVELOPE NO.

DATE RECEIVED

The Shrine of the Sacred Heart
 Parish Registration
 1702 Regent Road, Baltimore MD 21209-6884
 SHshrine@archbalt.org - www.theshrine.org

Last Name: First Name (s):

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

Address:

City: State: Zip: -

Home Phone: Emerg. Phone:

Family Email:

Individual Member Information

Role: <small>(Head of House, Husband, Wife etc.)</small>	<input type="text"/>	<input type="text"/>
First Name/Nickname:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Gender: (Please circle)	Male / Female Maiden Name: <input type="text"/>	Male / Female Maiden Name: <input type="text"/>
DOB (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Education Completed:	<input type="text"/>	<input type="text"/>
Work Phone/ Cell Phone:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
First Language:	<input type="text"/>	<input type="text"/>
Occupation/ Employer:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Marital Status:	<input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	Mixed Religion Marriage? <input type="checkbox"/>
<small>(Single, Married, Separated, Widow, Widower, Divorced, Annulled)</small>		Date Married <input type="text"/> / <input type="text"/> / <input type="text"/>

Dependent Children and Other Household Member Information Cont.

Relationship in Household	(Son, Daughter, Grandparent, etc.)	First Name	Last Name	Gender	Birthdate	School	First Language
4.		<input type="text"/>	<input type="text"/>	M/F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
5.		<input type="text"/>	<input type="text"/>	M/F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
6.		<input type="text"/>	<input type="text"/>	M/F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

LAST NAME
FIRST NAME

Stewardship of Time, Talent and Treasure

I will support my parish financially by (choose one):

electronic transfer (sign up form available from parish office)

church envelopes

other (annual/semiannual gift)

Ministry Opportunities at The Shrine of the Sacred Heart

There are many Ministry Opportunities at The Shrine as outlined in the enclosed brochure. Please list those areas of interest to your family so a member of the Parish Staff may contact you with more information.

Dependent Children and Other Household Member Information

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1.		<input type="text"/>	<input type="text"/>	M/F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
2.		<input type="text"/>	<input type="text"/>	M/F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
3.		<input type="text"/>	<input type="text"/>	M/F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Are you interested in receiving the weekly Archdiocesan Newspaper, The Catholic Review? YES/NO (billed annually at Parish cost)

COMMENTS TO PARISH STAFF: