



Sacred Heart Catholic Church
375 Lumen Christi Lane
Salisbury, NC 28147

Parish Registration Form

Office Use Only

ID # _____
Date: _____

Family Last Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Email:** _____

Language Preferred: *English* _____ *Spanish* _____ *Other* _____

Adult Household Member Information

Head of Household

Name: _____
 First Middle Last

Spouse

Name: _____
 First Middle Last

Maiden Name: _____

Maiden Name: _____

Date of Birth: _____

Date of Birth: _____

Place of Birth: _____

Place of Birth: _____

Religion: _____

Religion: _____

Occupation: _____

Occupation: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Ethnicity: White/Caucasian Hispanic Asian
Black/African-American Native American
Other _____

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Black/African-American Native American
Other _____

Marital Status: Catholic Marriage Civil Marriage
Single Separated

Church Marriage Not Married Couple
Divorced Widowed

Head of Household Sacraments:

Baptism: Yes \ No Date: _____

Church: _____

City, State: _____

First Communion: Yes \ No Date: _____

Church: _____

City, State: _____

Confirmation: Yes \ No Date: _____

Church: _____

City, State: _____

Marriage: Yes \ No Date: _____

Church: _____

City, State: _____

Spouse Sacraments:

Baptism: Yes \ No Date: _____

Church: _____

City, State: _____

First Communion: Yes \ No Date: _____

Church: _____

City, State: _____

Confirmation: Yes \ No Date: _____

Church: _____

City, State: _____

Marriage: Yes \ No Date: _____

Church: _____

City, State: _____

CHILDREN LIVING AT HOME – Sacramental Information

First Name: _____ Middle: _____ Last: _____ Gender M F Religion: _____

Date of Birth: _____ Place of Birth: _____ School: _____ Grade: _____

SACRAMENTS

BAPTISM

FIRST COMMUNION

CONFIRMATION

DATE

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CHURCH

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CITY, STATE

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First Name: _____ Middle: _____ Last: _____ Gender M F Religion: _____

Date of Birth: _____ Place of Birth: _____ School: _____ Grade: _____

SACRAMENTS

BAPTISM

FIRST COMMUNION

CONFIRMATION

DATE

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CHURCH

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First Name: _____ Middle: _____ Last: _____ Gender M F Religion: _____

Date of Birth: _____ Place of Birth: _____ School: _____ Grade: _____

SACRAMENTS

BAPTISM

FIRST COMMUNION

CONFIRMATION

DATE

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CHURCH

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CITY, STATE

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Office Use Only

Form filled out by: _____ Date _____

Received by: _____ Date _____

Entered by: _____ Date _____

Registration Notes * _____

