

Sacred Heart Church

310 Spring Avenue Troy, New York 12180

Office – (518) 274-1363

PARISH REGISTRATION INFORMATION

Welcome to our parish community! The information you provide will be used exclusively within the Church.

Do you request church Support envelopes? Yes ____ No ____

Today's Date: _____

Last Name – Head of House: _____

First Name – Head of House: _____

First Name – Spouse or Second Adult: _____

Title – Circle if used:

Primary Phone

Secondary Phone

Family E-mail Address

() () _____

Name as it appears on mail: _____

Home Street Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

PLEASE COMPLETE REVERSE SIDE

HOUSEHOLD MEMBER INFORMATION

Head 1

Head 2

Other Adult

Other Adult

Other Adult

Child

Child

Child

First Name					
Last Name					
Birthdate (mm/dd/yy)					
Personal status					

MC - (Marriage Catholic

MO - (Marriage Other)

S - Single

W - Widowed

D - Divorced

Sep - Separated

Occupation					
Company/School					
Business Phone					
Present Grade					
Gender (M or F)					
Please Check all Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance