TO BE REGISTERED AS A MEMBER OF: Sacred Heart, Russellville

FAMILY NAME_____
(Please Print)

HOME ADDRESS

STREET OR ROUTE | CITY/ST | ZIP | COUNTY

PHONE (Write UL If unlisted) | CELLPHONE | EMAIL

OCCUPATION	PLACE OF EMPLOYMENT	ALL INFORMATION WILL BE KEPT CONFIDENTIAL
HUSBAND		
WIFE		
LOCATION & DATE OF MARRIAGE		MAIDEN NAME

FIRST NAMES: (Please list last name if different) List names of adult children or other relatives in household	Age	DATE OF BIRTH			Denomination C=Catholic O=Other N=None	1. Single 2. Married 3. Widow 4 Separated 5. Divorced 6. Remarried in church 7. Remarried out church 8. Married but not In church	DATE SACRAMENT RECEIVED			ATTENDS MASS 1. WEEKLY 2. OCASSIONAL 3. SELDOM 4. NEVER	Child attends CCF (Catholic Christian Formation) Yes or No	CCF GRADE
		Month	Day	Year			Location & Date of Baptism	First Holy Communion	Confir-mation			
HUSBAND:												
WIFE:												
CHILDREN:												