

**HOLY FAMILY PARISH**  
Contact person - Lonna Rakovec at (715) 267-7105

## Family Registration

**PLEASE PRINT**

Date: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First Names(s): \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2<sup>nd</sup> Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

Are there any members of your household who would like to be visited by a priest? \_\_\_\_\_

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### Individual Member Information

Role: (Head of Household, Wife etc.) \_\_\_\_\_

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

E-mail Address: \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Religion or Denomination: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

If married: Date of Marriage \_\_\_/\_\_\_/\_\_\_ Place of Marriage \_\_\_\_\_

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Role: (Head of Household, Wife etc.) \_\_\_\_\_

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

E-mail Address: \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Religion or Denomination: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

If married: Date of Marriage \_\_\_/\_\_\_/\_\_\_ Place of Marriage \_\_\_\_\_