

Holy Ghost CATHOLIC CHURCH

254 North Wood Dale Road
Wood Dale, IL 60191
630-860-2975
www.holyghostparish.org

Parish Registration Form

Env. # _____

Date: _____

Family Last Name: <hr/>					
First Name & Middle Initial: <hr/>					
Male: _____ Female: _____ Maiden name _____	Religion	Birth Date:	Bapt. Yes/No	1st Euch Yes/No	Confirm Yes/No
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Martial Status:
 (Check) Married _____ Single _____ Widow(er) _____ Divorced _____ Separated _____

If Married: Date of Marriage ____/____/____

Church or Place of Marriage _____

Home Address: _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Cell #** _____

Email Address: _____

Dependent Children and/or Adults First & Last Name:	Birth Date:	Baptized Yes or No	1st Confession & 1st Euch Yes or No	Confirmed Yes or No

Do your children attend Holy Ghost School? Yes _____ No _____ If no would you like information?

Do your children attend our Faith Formation Program? Yes _____ No _____ If no would you like information?

Does someone in your household need to prepare for a sacrament? Yes _____ No _____

Would you be interested in becoming involved in a lay ministry? Which one? _____