

Holy Family Parish
Family Registration
1100 E 5550 S, Ogden UT 84403 (801) 479-1112

Registration Date: _____ Contribution Envelopes: _____

Mailing Name

Last Name: _____ First Name: _____

Address: _____ City: _____

Zip: _____ State: _____

Permission to Publish phone, address, email in Parish Directory?

Publish Phone: _____, Publish Address _____, Publish Email _____

Couple/ Head of Household

Marital Status: _____ Married by a Priest: _____ Anniversary Date: m/d/y _____

Wedding Church: _____ Church Address / location: _____

Husband

Last Name: _____ First Name: _____ Birth Date: m/d/y _____

Baptized: _____ Catholic: _____ RCIA: _____ First Confession: _____ First Communion: _____ Confirmation: _____

Cell # _____ Occupation: _____ Email: _____

Wife

Maiden Name: _____

Last Name: _____ First Name: _____ Birth Date: m/d/y _____

Baptized: _____ Catholic: _____ RCIA: _____ First Confession: _____ First Communion: _____ Confirmation: _____

Cell # _____ Occupation: _____ Email: _____

Children Information

Father: _____ Mother: _____

Child Name: _____ Birthday: m/d/y _____ Sex: _____ Grad Year: _____

Special Needs: _____

Sacraments

Baptism Date: _____ Church: _____ Address: _____

First Confession Date: _____ Church: _____ Address: _____

First Communion Date: _____ Church: _____ Address: _____

Confirmation Date: _____ Church: _____ Address: _____

Children Information

Father: _____ Mother: _____

Child Name: _____ Birthday: m/d/y _____ Sex: _____ Grad Year: _____

Special Needs: _____

Sacraments

Baptism Date: _____ Church: _____ Address: _____

First Confession Date: _____ Church: _____ Address: _____

First Communion Date: _____ Church: _____ Address: _____

Confirmation Date: _____ Church: _____ Address: _____

Children Information

Father: _____ Mother: _____

Child Name: _____ Birthday: m/d/y _____ Sex: _____ Grad Year: _____

Special Needs: _____

Sacraments

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First Communion Date: _____ Church: _____ Address: _____

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Children Information

Father: _____ Mother: _____

Child Name: _____ Birthday: m/d/y _____ Sex: _____ Grad Year: _____

Special Needs: _____

Sacraments

Baptism Date: _____ Church: _____ Address: _____

First Confession Date: _____ Church: _____ Address: _____

First Communion Date: _____ Church: _____ Address: _____

Confirmation Date: _____ Church: _____ Address: _____