



HOLY FAMILY CATHOLIC CHURCH

900 Winchester Avenue
Ashland, KY 41101
606.329.1607
606.329.1806 (fax)
holyfamily@cdlex.org

Parish Registration Form

Date: __/__/____

Welcome to Holy Family! We're grateful that you are here!

FAMILY LAST NAME: _____ Phone: _____

Preferred Title (circle one): Mr.&Mrs. Mr./Mrs./Ms./Miss/Dr. Dr.&Mrs.

Address: _____

(City) _____ (State) _____ (Zip) _____

Marital Status (circle one): Church Marriage Civil Marriage only

Date of Marriage: __/__/____ Place of Marriage: _____
Church / City / State

Single Widowed Separated Divorced

MEMBERS LIVING AT THE ABOVE ADDRESS:

#1 Head of Household

First Name: _____

Maiden Name: _____

Sex: Male or Female

Religion: _____

Occupation: _____

Employer: _____

Work Phone: _____

Email: _____

Date of Birth: _____

Baptized: Yes / No

Where? _____

First Holy Communion: Yes / No

Where? _____

Confirmation: Yes / No

Where? _____

#2 Spouse

First Name: _____

Maiden Name: _____

Sex: Male or Female

Religion: _____

Occupation: _____

Employer: _____

Work Phone: _____

Email: _____

Date of Birth: _____

Baptized: Yes / No

Where? _____

First Holy Communion: Yes / No

Where? _____

Confirmation: Yes / No

Where? _____

#3 Child

First Name: _____
Last Name (*if different*): _____
Sex: Male or Female † Religion: _____
School: _____
Grade: _____
Date of Birth: _____
Baptized: Yes / No
Where? _____
First Holy Communion: Yes / No
Where? _____
Confirmation: Yes / No
Where? _____

#5 Child

First Name: _____
Last Name (*if different*): _____
Sex: Male or Female † Religion: _____
School: _____
Grade: _____
Date of Birth: _____
Baptized: Yes / No
Where? _____
First Holy Communion: Yes / No
Where? _____
Confirmation: Yes / No
Where? _____

#7 Child

First Name: _____
Last Name (*if different*): _____
Sex: Male or Female † Religion: _____
School: _____
Grade: _____
Date of Birth: _____
Baptized: Yes / No
Where? _____
First Holy Communion: Yes / No
Where? _____
Confirmation: Yes / No
Where? _____

#4 Child

First Name: _____
Last Name (*if different*): _____
Sex: Male or Female † Religion: _____
School: _____
Grade: _____
Date of Birth: _____
Baptized: Yes / No
Where? _____
First Holy Communion: Yes / No
Where? _____
Confirmation: Yes / No
Where? _____

#6 Child

First Name: _____
Last Name (*if different*): _____
Sex: Male or Female † Religion: _____
School: _____
Grade: _____
Date of Birth: _____
Baptized: Yes / No
Where? _____
First Holy Communion: Yes / No
Where? _____
Confirmation: Yes / No
Where? _____

#8 Child

First Name: _____
Last Name (*if different*): _____
Sex: Male or Female † Religion: _____
School: _____
Grade: _____
Date of Birth: _____
Baptized: Yes / No
Where? _____
First Holy Communion: Yes / No
Where? _____
Confirmation: Yes / No
Where? _____

What ministries were you involved with in your previous parish? _____

Ministries interested in at Holy Family: Extraordinary Minister of Holy Communion / Lector
Minister of Hospitality / Choir / Altar Servers / Guild of Saint Monica / Knights of Columbus
Other: _____