

# Parish Registration Form

## Holy Cross Catholic Church

405 West Clark Street, Champaign, Illinois 61820

**PHONE:** (217) 352-8748      **FAX:** (217) 366-2929      **E-MAIL:** [office@holycrosscatholic.org](mailto:office@holycrosscatholic.org)

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_ Previously Registered:  Yes  No  
 How would you like to be addressed on correspondence? \_\_\_\_\_

**HUSBAND OR SINGLE MALE HEAD OF THE HOUSEHOLD:**

First & Middle Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City & Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Sacraments Received:**       Baptism       Eucharist       Confirmation       Marriage       Holy Orders

**WIFE OR SINGLE FEMALE HEAD OF THE HOUSEHOLD:**

First & Middle Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 City & Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Sacraments Received:**       Baptism       Eucharist       Confirmation       Marriage       Holy Orders

**Marriage Information:**  
 Date of Marriage: \_\_\_\_\_  
 Location: Church City & State \_\_\_\_\_  
 In the Catholic Church       Out of the Catholic Church       Out of the Catholic Church with Dispensation  
 Is this your first marriage?      Husband:  Yes       No      Wife:  Yes       No

**Children or Other Dependents Living at Home:**

Name	Sex	Birthday	Religion	Baptized?	Communion?	Confirmation?	School & Grade

For Office Use:      EI      ES      W      WN      O      Envelope # \_\_\_\_\_