



HOLY INFANCY ROMAN CATHOLIC CHURCH
 312 East Fourth Street
 Bethlehem, Pennsylvania 18015
 Telephone (610) 866-1121

Parish Registration Form

FAMILY INFORMATION

Family Last Name: _____	Date: _____
Your Name: _____	Cell / Work: _____
Spouse's Name: _____	Spouse's Cell / Work: _____
Home Phone: _____	Emergency Contact: _____
Home Address: _____	Emergency Phone: _____
City, St., Postal _____	Your Email: _____
Both Catholics? _____	Spouse's Email: _____

MEMBER #1 INFORMATION

Full Name: _____	Catholic? Yes / No
Gender: Male / Female	Sacrament Details Check & Date All Below
Birth Date: _____	<input type="checkbox"/> Baptism: _____
First Language: _____	<input type="checkbox"/> Eucharist: _____
Email: _____	<input type="checkbox"/> Penance: _____
Phone Number: _____	<input type="checkbox"/> Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

MEMBER #2 INFORMATION

Full Name: _____	Catholic? Yes / No
Gender: Male / Female	Sacrament Details Check & Date All Below
Birth Date: _____	<input type="checkbox"/> Baptism: _____
First Language: _____	<input type="checkbox"/> Eucharist: _____
Email: _____	<input type="checkbox"/> Penance: _____
Phone Number: _____	<input type="checkbox"/> Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

Additional Family Members:

MEMBER #3 INFORMATION

Full Name: _____ **Catholic?** Yes / No

Gender: Male / Female

Birth Date: _____

First Language: _____

Email: _____

Phone Number: _____

Sacrament Details Check & Date All Below

Baptism: _____

Eucharist: _____

Penance: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

MEMBER #4 INFORMATION

Full Name: _____ **Catholic?** Yes / No

Gender: Male / Female

Birth Date: _____

First Language: _____

Email: _____

Phone Number: _____

Sacrament Details Check & Date All Below

Baptism: _____

Eucharist: _____

Penance: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

MEMBER #5 INFORMATION

Full Name: _____ **Catholic?** Yes / No

Gender: Male / Female

Birth Date: _____

First Language: _____

Email: _____

Phone Number: _____

Sacrament Details Check & Date All Below

Baptism: _____

Eucharist: _____

Penance: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):
