



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

Birth Date: _____

First Language: _____

Email: _____

Phone Number: _____

Sacrament Details Check & Date All Below

Baptism: _____

Eucharist: _____

Penance: _____

Confirmation: _____

Catholic Marriage: _____

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

MEMBER #2 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):

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):
