

HOLY NAME NEW MEMBER REGISTRATION FORM
1917 COCHRAN ST
HOUSTON, TX 77009

OFFICE USE ONLY

Date:	Reason to register:	<input type="checkbox"/> New member	<input type="checkbox"/> Baptism	<input type="checkbox"/> XV	OSV#
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Family Information

Family Last Name:	<input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Single Person
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Address:

Home Phone Number:	Cellular Phone Number:	Other:
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E-mail:

Husband Information or Single Member

Full name:

Date of Birth:	Place of Birth:
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Marital Status: Single Married Divorced Widow/Widower Other

Sacraments: Baptism First Communion Confirmation

Wife Information

Full name:

Date of Birth:	Place of Birth:
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Marital Status: Single Married Divorced Widow/Widower Other

Sacraments: Baptism First Communion Confirmation

Children (under 18 years old)

FULL NAME	Date of Birth	Baptism	First Communion	Confirmation