

**Good Shepherd Catholic Church
Hope Mills, North Carolina**

FAMILY REGISTRATION FORM

Please Print

Family Information

Date _____

Family Last Name _____

Address _____ City _____ Zip Code _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Date of Marriage ____/____/____ Name of Church _____

City _____, State _____

Is your marriage recognized by the Catholic Church? Yes _____ No _____ Uncertain _____

Please fill in all Information

First Names: Male _____

Female _____

Date of Birth ____/____/____

Date of Birth ____/____/____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Ethnic Origin (Please check all that apply)

Ethnic Origin (Please check all that apply)

African-American/Black _____ Asian _____

African-American/Black _____ Asian _____

Caucasian/White _____ Hispanic _____

Caucasian/White _____ Hispanic _____

Native American/Indian _____

Native American/Indian _____

Other (PLEASE SPECIFY): _____

Other (PLEASE SPECIFY): _____

Sacraments (Please check if Yes and Date):

Baptism _____ Date ____/____/____

Baptism _____ Date ____/____/____

First Communion _____ Date ____/____/____

First Communion _____ Date ____/____/____

Confirmation _____ Date ____/____/____

Confirmation _____ Date ____/____/____

Catholic? Yes _____ No _____

Catholic? Yes _____ No _____

Active? Yes _____ No _____

Active? Yes _____ No _____

If not Catholic, your religion: _____

If not Catholic, your religion: _____

Profession:

Profession/Trade _____

Profession/Trade _____

Employer _____

Employer _____

Would you like weekly Offertory envelopes? Yes _____ No _____ The Offertory envelopes are mailed to your residence monthly. ALL envelopes for that month will be mailed to your house to include special collections.

Are you Homebound? Yes _____ No _____ Special Instructions: _____

Have you been registered in this Parish before? Yes _____ No _____ If yes, date ____/____/____

Catholic Males ONLY: Are you a Member of the Knights of Columbus? Yes _____ No _____

Would you like to be contacted by the Grand Knight? Yes _____ No _____

(Please Continue on Back)

For Office Use:

Date Received ____/____/____

Envelope Number _____

Data Base Updated ____/____/____

Updated by: _____

Date Deleted from Parish ____/____/____

Reason for Deletion _____

Ministries: Being a very active Parish, we have many Ministry opportunities. Please check any of these ministries you would be interested in and the coordinator for the ministry will be given your name and email to contact you.

- o Sacristans
- o Lectors
- o EXO's
- o Altar Servers
- o Sick & Homebound
- o Music
- o RCIA Sponsors
- o RCIA Catechists
- o Evangelization Team
- o Parish Pastoral Council
- o High School Youth
- o Middle School Youth
- o Elementary Youth
- o Catechists
- o Knights of Columbus
- o Welcoming Committee
- o Widow's Watch
- o Pro-Life Ministry
- o Women of Charity
- o Bulletin Inserts
- o Caring Contant
- o Holy Stitchers
- o Homeschool Co-op
- o Legion of Mary

Children Living at Home

If child's last name is different from the Family Name listed on front, please include last name. Date format MM/DD/YYYY, example: 02/04/1982.

Oldest Child	
Name	
Date of Birth	
Male/Female	
Baptism Date & Church, City, State	
Reconciliation Date	
1 st Communion Date & Church, City, State	
Confirmation Date & Church, City, State	
Grade Level	

Second Child	
Name	
Date of Birth	
Male/Female	
Baptism Date & Church, City, State	
Reconciliation Date	
1 st Communion Date & Church, City, State	
Confirmation Date & Church, City, State	
Grade Level	

Third Child	
Name	
Date of Birth	
Male/Female	
Baptism Date & Church, City, State	
Reconciliation Date	
1 st Communion Date & Church, City, State	
Confirmation Date & Church, City, State	
Grade Level	

Fourth Child	
Name	
Date of Birth	
Male/Female	
Baptism Date & Church, City, State	
Reconciliation Date	
1 st Communion Date & Church, City, State	
Confirmation Date & Church, City, State	
Grade Level	

Fifth Child	
Name	
Date of Birth	
Male/Female	
Baptism Date & Church, City, State	
Reconciliation Date	
1 st Communion Date & Church, City, State	
Confirmation Date & Church, City, State	
Grade Level	

Sixth Child	
Name	
Date of Birth	
Male/Female	
Baptism Date & Church, City, State	
Reconciliation Date	
1 st Communion Date & Church, City, State	
Confirmation Date & Church, City, State	
Grade Level	