



Good Shepherd Catholic Church
 5050 Oak Street
 Hope Mills NC 28348 910-425-1590
FAMILY REGISTRATION FORM

Head of Household Information

Title: _____ First Name: _____ Last Name: _____ Middle Name/Initial: _____

Suffix: _____ Nickname/Preferred Name: _____ Gender: _____ DOB: _____

Marital Status: Married Single Widowed

Address Type: _____ Street: _____ City: _____

State: _____ Zip: _____ Home Number: _____ Cell Number: _____

Email Address 1: _____

Email Address 2: _____

Preferred Language: _____

Sacraments:

- Baptism Date: _____
- First Communion Date: _____
- Confirmation Date: _____
- Matrimony Date: _____
(in Catholic Church)

Spouse Information

Title: _____ First Name: _____ Last Name: _____ Middle Name/Initial: _____

Suffix: _____ Nickname/Preferred Name: _____ Gender: _____ DOB: _____

Marital Status: Married Single Spouse resides at the same address listed above

Address Type: _____ Street: _____ City: _____

State: _____ Zip: _____ Home Number: _____ Cell Number: _____

Email Address 1: _____

Email Address 2: _____

Preferred Language: _____

Sacraments:

- Baptism Date: _____
- First Communion Date: _____
- Confirmation Date: _____
- Matrimony Date: _____
(in Catholic Church)

Child Information

Name: _____

DOB: _____

Baptism Date: _____

First Communion Date: _____

Confirmation Date: _____

Name: _____

DOB: _____

Baptism Date: _____

First Communion Date: _____

Confirmation Date: _____

Name: _____

DOB: _____

Baptism Date: _____

First Communion Date: _____

Confirmation Date: _____

Child Information (continued)

Name: _____

DOB: _____

Baptism Date: _____

First Communion Date: _____

Confirmation Date: _____

Name: _____

DOB: _____

Baptism Date: _____

First Communion Date: _____

Confirmation Date: _____

Name: _____

DOB: _____

Baptism Date: _____

First Communion Date: _____

Confirmation Date: _____

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, including special collections.

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

Information requested for Diocesan Census Reporting:

Head of Household

Do you identify as (please check all that apply):

African Ancestry _____

Native American _____

Hispanic _____

Asian _____

Mixed-Race _____

Spouse

Do you identify as (please check all that apply):

African Ancestry _____

Native American _____

Hispanic _____

Asian _____

Mixed Race _____

For Office Use:

Date Received ____/____/____

Data Base Updated ____/____/____

Date Deleted from Parish ____/____/____

Envelope Number _____

Updated by: _____

Reason for Deletion _____