Please Print

**Good Shepherd Catholic Church Hope Mills, North Carolina FAMILY REGISTRATION FORM**

**Would you like to be included in our Flocknote Communications?**

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 (Put** √ **by preferred contact method)**

**First Names**: **Male**

Date of Birth / /

Home Phone: Cell Phone: Email:

**Female**

Date of Birth / /

Home Phone: Cell Phone: Email:

**Ethnic Origin (Please check all that apply) Ethnic Origin (Please check all that apply)**

African-American/Black Asian Caucasian/White Hispanic Native American/Indian

Other (PLEASE SPECIFY):

**Sacraments** (Please check if Yes and Date): Baptism Date / /

First Communion Date / / Confirmation Date / / Catholic? Yes No

Active? Yes No

If not Catholic, your religion:

Profession:

African-American/Black Asian Caucasian/White Hispanic Native American/Indian

Other (PLEASE SPECIFY):

Baptism Date / /

First Communion Date / / Confirmation Date / / Catholic? Yes No

Active? Yes No

If not Catholic, your religion:

Profession/Trade

Employer

Profession/Trade

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, including special collections.

Are you Homebound? Yes No Special Instructions:

**Have you been registered in this Parish before? Yes**

**No**

**If yes, date**  **/** **/**

**Catholic Men Only: Are you a Member of the Knights of Columbus? Yes** **No**

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

**Catholic Men and Women: Are you a Member of the Legion of Mary? Yes** **No**

**Would you like to be contacted by the Legion of Mary? Yes** **No**

(Please Continue on Back)

For Office Use:

Date Received / /

Data Base Updated / / Date Deleted from Parish / /

Envelope Number Updated by: 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 Music

o Hospitality/Ushers

o OCIA Sponsors/Catechists

o Parish Pastoral Council

o Faith Formation Catechists

o High School Youth

o Middle School Youth

o Elementary Youth

o Knights of Columbus

o Legion of Mary

o Sick & Homebound

o Pro-Life Ministry

o Women of Charity

o Welcoming Committee

o Garden Committee

o Bulletin Inserters

o Parish Social Life/Bereavement

o Holy Stitchers

o Widows’ Watch

o

**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 |  |
| 1St 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 |  |
| 1St Communion Date& Church, City, State |  |
| Confirmation Date &Church, City, State |  |
| Grade Level |  |

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

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

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