

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

Please Print

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 _____	Female _____
Date of Birth ____/____/____	Date of Birth ____/____/____
Home Phone: _____	Home Phone: _____
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, 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 ____/____/____	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 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 Catholic Daughters of America
- o Garden Committee
- o Bulletin Inserters
- o Bereavement
- o Holy Stitchers
- o Widows' Watch
- o Parish Social Life

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	