

SACRED HEART CATHOLIC CHURCH

222 Berger Street, Lawrenceburg, TN 38464

For Office Use Only. Envelope # _____

New Registration ☐

Contact ☐ ☐

PARISH REGISTRATION / UPDATE FORM

Confidential Information — For Parish Use Only. Please PRINT

☐ New Parishioner ☐ Change in Registration Information

Today's Date ____/____/____

Last Name _____ First Name _____ Nickname _____ DOB ____/____/____ Religion _____
(Head of Household)

Employment _____ Title _____ Work Phone # () _____

Spouse _____ First Name _____ Nickname _____ DOB ____/____/____ Religion _____
(Maiden Name)

Employment _____ Title _____ Work Phone # () _____

Address _____ City / State _____ Zip _____

Email address _____ Phone () _____ Cell Phone () _____

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single Date of Marriage ____/____/____

Church of Marriage _____ City / State / Zip _____

Child 1 _____/____/____
(Include Last Name if it is different) Date of Birth Baptism—Church name / City / Year 1st Communion—Church name / City / Year

Confirmation—Church name / City / Year School Attending Grade

Child 2 _____/____/____
(Include Last Name if it is different) Date of Birth Baptism—Church name / City / Year 1st Communion—Church name / City / Year

Confirmation—Church name / City / Year School Attending Grade

Child 3 _____/____/____
(Include Last Name if it is different) Date of Birth Baptism—Church name / City / Year 1st Communion—Church name / City / Year

Confirmation—Church name / City / Year School Attending Grade

Are you currently receiving Collection Envelopes ? ☐ Yes ☐ No. If not, would you like to receive ? ☐ Yes ☐ No Do you receive Tennessee Register ☐ Yes ☐ No, Would Like ☐

Would you be interested in electronic or Credit/Debit Card availability for contribution ? ☐ Yes ☐ No

Are you doing any ministries in our parish ? ☐ Yes ☐ No. Mark all if you are, or if you would like to: ☐ CCD ☐ Eucharistic Minister ☐ Lector ☐ Music ☐ Usher ☐ Sacristy

☐ Altar Server Any other: _____ Your Name _____