



Holy Name Catholic Church

3814 Nash Blvd
 San Antonio, TX 78223
 Phone: (210) 333-5020
 Website: <http://www.holynameusa.org>

Family Registration Form

FAMILY LAST NAME: _____ Today's Date: _____

Head of household: _____ Occupation: _____

Spouse: _____ Occupation: _____

Address: _____ City/State/Zip Code: _____

email address: (his): _____ (hers): _____

Home Phone: _____ His cell #: _____ Her cell #: _____

Marital status: single married divorced separated widow(er)

(CHURCH/CIVIL)

Date OF Marriage: _____ Name of Church: _____

Number of children at home: _____ Desire Offertory Envelopes? Yes _____ No _____

.....
 Contact preference: phone _____ email _____ mail-out _____

Please circle y or n, even if you do not know exact dates. "HN" for sacraments received @ Holy Name. Thank You.

Name	Birthday	Gender	Baptism date	Communion date	Confirmation Date
		F M			
		F M			
		F M			
		F M			
		F M			
		F M			

** If person has no sacrament, please indicate by marking n/a or none. Thank you. ***0111

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 Additional Comments: _____

