

Holy Cross Parish

Registration Form

651 E. Springfield Road, Springfield, PA 19064 ☎ 610.626.3321 ☎ <https://holycrosscatholics.org>

Parish Mission Statement – *Nourished by the Word and Eucharist, we, the members of Holy Cross Parish, strive to create a vital, welcoming Catholic faith community that embraces each person. Acknowledging our blessings' and supporting one another, we humbly serve the needs of God's people and work to be the presence of Christ in our world.*



Email as an attachment to contactus@holycrosscatholics.org or print out & mail to the parish office.

Welcome to the Holy Cross Parish Community! We are grateful for your presence here and we look forward to you becoming an active member of our faith community.

Please completely answer all items on this Parish Registration Form. The information you provide enables us to serve our diverse community, helping us to determine needs and plan future programs to support the needs of our parishioners. Holy Cross Parish makes no judgement based on age, gender, race or marital status. Your responses will be available only to parish staff and the Archdiocese; this information will not be shared with anyone else.

Family Name:

Date:

Address:

City:

Zip:

State: Pennsylvania

Home Phone:

Cell Phone:

Adult #1: Religion:

Gender: Male Female

Name: First Middle Last

Title:

Goes by Name (Nickname)

Maiden Name:

Preferred email address:

Cell:

Birth date:

Languages other than English:

Marital status: Single Married Widowed Separated Divorced

Race: White Black Bi-racial Asian Native American Hispanic Mixed race

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

Baptism

Date:

Church:

First Reconciliation

First Eucharist

Confirmation

Marriage

Date: _____

Date:

Date:

Date:

Church:

<input type="checkbox"/> Married by Priest <input type="checkbox"/> Married outside the Church with permission <input type="checkbox"/> Married outside the Church		
Occupation:		Degree Achieved:
Employer:		Work Phone:
Any Adult, other than a married Spouse, please register on a separate registration form.		
Adult #2: Religion:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: First Middle Last		Title:
Goes by Name (Nickname)		Maiden Name:
Preferred email address:		Cell:
Birth date:	Languages other than English:	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Bi-racial <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic Mixed race		

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

<input type="checkbox"/> Baptism	Date:	Church:	
<input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Eucharist	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Marriage Date: _____
Date:	Date:	Date:	Church:

<input type="checkbox"/> Married by Priest <input type="checkbox"/> Married outside the Church with permission <input type="checkbox"/> Married outside the Church		
Occupation:		Degree Achieved:
Employer:		Work Phone:
Child #1: (At Home)	Religion:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name:		
Goes by Name (Nickname)		
Birth date:	Languages other than English:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Bi-racial <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic Mixed race		

School:	Pre-K thru 12	Grade Level
College/University:	Year:	Email:

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

<input type="checkbox"/> Baptism	Date:	Church:
<input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Eucharist	<input type="checkbox"/> Confirmation
Date:	Date:	Date:

Any comments that would be helpful for us to serve your child:

Child #2: (At Home)	Religion:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name:		
Goes by Name (Nickname)		

Birth date:		Languages other than English:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Bi-racial <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic Mixed race			
School:	Pre-K thru 12	Grade Level	
College/University:	Year:	Email:	
Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)			
<input type="checkbox"/> Baptism	Date:	Church:	
<input type="checkbox"/> First Reconciliation Date:	<input type="checkbox"/> First Eucharist Date:	<input type="checkbox"/> Confirmation Date:	
Any comments that would be helpful for us to serve your child:			

Child #3: (At Home)	Religion:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name:			
Goes by Name (Nickname)			
Birth date:		Languages other than English:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Bi-racial <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic Mixed race			
School:	Pre-K thru 12	Grade Level	
College/University:	Year:	Email:	
Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)			
<input type="checkbox"/> Baptism	Date:	Church:	
<input type="checkbox"/> First Reconciliation Date:	<input type="checkbox"/> First Eucharist Date:	<input type="checkbox"/> Confirmation Date:	
Any comments that would be helpful for us to serve your child:			