

HOLY SPIRIT ROMAN CATHOLIC CHURCH

Parish Registration Form

1712 45th Street Brooklyn, NY 11204

Family Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ His Cell: _____ Her Cell: _____

E-Mail: _____

Husband's Information:

Name: _____ Date of Birth: _____ Religion: _____

Occupation: _____

Ethnic Background: Caucasian ___ Native American ___ Hispanic ___ Oriental ___ Other ___ (For Diocesan Records only.)

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widower ___

Please indicate Y for Yes N for NO

Sacramental Information: Baptism: ___ First Communion ___ Confirmation ___

Married by Catholic Priest? _____

Church of Baptism _____ City/State _____

Wife's Information:

Name: _____ Maiden Name: _____

Date of Birth: _____ Religion: _____ Occupation: _____

Ethnic Background: Caucasian ___ Native American ___ Hispanic ___ Oriental ___ Other ___ (For Diocesan Records only.)

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widower ___

Please indicate Y for Yes N for NO

Sacramental Information: Baptism: ___ First Communion ___ Confirmation ___

Married by Catholic Priest? _____

Church of Baptism _____ City/State _____

I want to use Envelopes _____ or register at <https://www.givecentral.org/location/669> _____ for my weekly contribution to my Parish.

Only those who use Envelopes or register for online contributions will receive an annual report for tax purposes.
Thank you.