Holy Spirit Family Saint Augustine Campus Registration Form



Last Name:		Birth date	Catholic Yes No	
Mr. Mrs. Ms. First Name Middle	e Name		_·	
Spouse: Last (Maiden) First Name Middle Name			. Marriage	
Birth date	ame Middle N Catholic Yes No	ame	Place:	
Street Address		City		
Zip Code	Phone#			
Occupation				
Spouse Occupation				
Children/Other family members	who live with y	ou.		
	Birth Date	Baptized	Confirmed	School & Grade
	/ / /	ΥN	ΥN	
	/ / /	ΥN	Y N	
		ΥN	Y N	
		ΥN	Y N	
	/ /	ΥN	ΥN	

I would be interested in: (Circle all that apply)

Lector Usher Eucharistic Minister Musician Choir Parish Council Worship Committee Finance Committee Buildings and Grounds Home Visits