

Please print this Form and return a completed copy to the Rectory Office, or place it in the Collection Basket.



# HOLY NAME OF JESUS ROMAN CATHOLIC CHURCH

Rev. Lawrence D. Ryan, Pastor  
245 Prospect Park West  
Brooklyn, NY 11215

## Parish Registration Form

Last Name \_\_\_\_\_ Previous Parish \_\_\_\_\_

First Name \_\_\_\_\_

(Mr. & Mrs.)  Mr.  Ms.  Miss  Dr.

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email address (Print) \_\_\_\_\_

Would you like weekly envelopes?  Yes  No

Would you like to give online? (Faith Direct)?  Yes  No

Would you like to receive our parish newsletter?  Yes  No

Does your employer participate in a matching gift program?  Yes  No

Does anyone in your family require a homebound visit?  Yes  No

First Name	Middle Initial	Religion	Baptized	First Communion	Confirmed	Employer	Cell Phone
Husband			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Spouse and Maiden Name			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Single			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Adults Living in Household			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		

Dependent Children Living at Home		Baptized	First Communion	Confirmed	School/Grade	CCD Attendance	Date of Birth
Name of Child 1	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
Name of Child 2	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
Name of Child 3	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			