

Please send this completed form to office@theshrine.org

Last Name: _____ First Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

OFFICE USE ONLY

Envelope No. _____

Date Received: _____

Individual Member Information

Role: *(Husband, Wife, etc.)* _____

First Name/ Nickname _____

Gender (please circle) Male / Female Maiden Name: _____

DOB (mm/dd/yyyy) _____ / _____ / _____

Email: _____

Cell Phone: _____

Education Completed: _____

First Language: _____

Occupation/ Employer: _____

Male / Female Maiden Name: _____

_____ / _____ / _____

Check if Sacrament Received Baptized Catholic _____ / _____ / _____

Add date if known: Reconciliation _____ / _____ / _____

First Eucharist _____ / _____ / _____

Confirmed _____ / _____ / _____

Baptized Catholic _____ / _____ / _____

Reconciliation _____ / _____ / _____

First Eucharist _____ / _____ / _____

Confirmed _____ / _____ / _____

Marital Status: Single / Married / Separated / Widow(er) / Divorced / Annulled

If married, now or previously: Date Married: _____ / _____ / _____ Valid Catholic Marriage? Mixed Religion Marriage?

Stewardship of Time, Talent, and Treasure

I will support my parish financially by (choose one):

- Automatic donations (visit www.theshrine.org/donate to sign up)
- Church envelopes
- Other (annual/ semiannual gift)

There are many Ministry opportunities as outlined on our website at www.theshrine.org/ministries. Please list any areas of interest to your family:

The Shrine of the Sacred Heart Parish Registration

1701 Regent Road, Baltimore MD 21209 | office@theshrine.org | 410-466-6884 | www.theshrine.org

Please send this completed form to office@theshrine.org

Dependent Children and Other Household Member Information

Role: *(Son, Grandparent, etc.)* _____
First & Last Name _____
Gender: Male / Female
DOB (mm/dd/yyyy) _____ / _____ / _____
School: _____
First Language: _____
Check if Sacrament Received Baptized Catholic _____ / _____ / _____
Add date if known: Reconciliation _____ / _____ / _____
 First Eucharist _____ / _____ / _____
 Confirmed _____ / _____ / _____

 Male / Female

 Baptized Catholic _____ / _____ / _____
 Reconciliation _____ / _____ / _____
 First Eucharist _____ / _____ / _____
 Confirmed _____ / _____ / _____

Role: *(Son, Grandparent, etc.)* _____
First & Last Name _____
Gender: Male / Female
DOB (mm/dd/yyyy) _____ / _____ / _____
School: _____
First Language: _____
Check if Sacrament Received Baptized Catholic _____ / _____ / _____
Add date if known: Reconciliation _____ / _____ / _____
 First Eucharist _____ / _____ / _____
 Confirmed _____ / _____ / _____

 Male / Female

 Baptized Catholic _____ / _____ / _____
 Reconciliation _____ / _____ / _____
 First Eucharist _____ / _____ / _____
 Confirmed _____ / _____ / _____

Comments to Parish Staff: