

SACRED HEART OF JESUS CHURCH

295 Balearic Road, Hot Springs Village, AR 71909

www.hsvsacredheart.com

PLEASE PRINT INFORMATION and COMPLETE BOTH SIDES OF FORM

HEADS OF HOUSEHOLD

Mr. _____
 Mrs. _____
 Miss LAST NAME (Birth Name) _____ FIRST NAME _____ RELIGION _____
 Ms. _____

 BIRTH DATE _____ OCCUPATION _____ HOME/WORK PHONE _____

Circle Y or N:

BAPTIZED	Y/N	FIRST COMMUNION	Y/N	FIRST CONFESSION	Y/N	CONFIRMATION	Y/N
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Mr. _____
 Mrs. _____
 Miss LAST NAME (Birth Name) _____ FIRST NAME _____ RELIGION _____
 Ms. _____

 BIRTH DATE _____ OCCUPATION _____ HOME/WORK PHONE _____

Circle Y or N:

BAPTIZED	Y/N	FIRST COMMUNION	Y/N	FIRST CONFESSION	Y/N	CONFIRMATION	Y/N
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STREET ADDRESS

_____ STREET _____ CITY/STATE _____ ZIP CODE _____

MAILING ADDRESS (if different from street address)

_____ STREET _____ CITY/STATE _____ ZIP CODE _____

MARITAL STATUS

SINGLE	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>	SEPARATED	<input type="checkbox"/>
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If married, were you married in the Catholic Church? Yes No

CHILDREN AT HOME

Last Name	First Name	Birth Date	Baptism Date	First Communion		First Confession		Confirmation	
				(Circle One)		(Circle One)		(Circle One)	
				YES	NO	YES	NO	YES	NO
				YES	NO	YES	NO	YES	NO
				YES	NO	YES	NO	YES	NO
				YES	NO	YES	NO	YES	NO

SEE NEXT PAGE

OTHERS AT HOME**RELATIONSHIP**

Last Name	First Name	Birth Date	Baptism Date	First Communion (Circle One)		First Confession (Circle One)		Confirmation (Circle One)	
				YES	NO	YES	NO	YES	NO
				YES	NO	YES	NO	YES	NO

HOMETOWN

Moved from _____
City/State

Home Town _____
City/State

MINISTRIES

I am interested in the following ministries/activities:

- | | |
|---|---|
| <input type="checkbox"/> Altar Care/Linens | <input type="checkbox"/> Ladies of the Sacred Heart |
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Lector |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Music |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Sacred Heart Men's Club |
| <input type="checkbox"/> Collection Counters | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> Extraordinary Ministers of Communion | <input type="checkbox"/> Youth Education |
| <input type="checkbox"/> Knights of Columbus | |

OTHER INTERESTS

SPECIAL ABILITIES AND TALENTS (Describe)

COLLECTION ENVELOPES

Would you like Collection Envelopes issued with your printed name? Yes No

COMMENTS _____

Signature of Person Completing Form

Date



**PLEASE BRING/SEND COMPLETED FORM TO PARISH OFFICE
OR PLACE IN WEEKEND COLLECTION BASKET**