



Sacred Heart Catholic Church

3128 S Street
Lincoln, NE 68503
(402) 476-2610

PARISH REGISTRATION FORM

WELCOME

Date Registered: _____

Individual Information

Head of Household

Spouse

Family Name	_____	_____
First Name	_____	_____
Middle Name	_____	_____
Maiden Name (if applicable)	_____	_____
Address	_____	_____
City / State / Zip	_____	_____
Home Phone Number	_____ Unlisted Y / N	_____ Unlisted Y / N
Cell Phone Number	_____ Unlisted Y / N	_____ Unlisted Y / N
E-Mail Address	_____	_____
Date of Birth	_____	_____
Religion	_____	_____
Marriage Status	Single/Single Parent/ Widow/Widower/Divorced/Invalid	Single/Single Parent/Widow/Widower/Divorced/Invalid
Church Name	_____	_____
City/State	_____	_____
Marriage Date	_____	_____
Baptized	_____	_____
First Communion	_____	_____
Confirmation	_____	_____
Occupation	_____	_____
Employer	_____	_____
Work Phone	_____	_____
Gender	Male / Female	Male / Female
Nationality	_____	_____

Do you have an occupation or special talent you would be willing to share with Sacred Heart Church? If so, please list them below and we will enter that information in our records so that we may call on you in a time of need. _____

CHILDREN / OTHERS LIVING AT HOME

Last Name, First Name, and Middle Name	Birth Date City / State	Gender	Ethnicity	First Language	Baptism Date/Church City/State	First Communion Date/Church City/State	Confirmation Date/Church City/ State	School Attending Presently	Grade