

PARISH REGISTRATION CARD

The Church of the Holy Ghost 518 Washington Street Whitman, Massachusetts 02382

Last Name _____
 Address: _____
 _____ Zip Code: _____

Office Use Only
 Fam #: _____
 Zart # _____
 Entered _____

Telephone: () _____

Email _____

Adult individuals in the home (beginning with heads of household)

<u>Name</u>	<u>Relation</u>	<u>Religion</u>	<u>Date of Birth</u>	<u>Marital Status</u>	
				Single	Married Widowed Divorced
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

May we subscribe you to our weekly Sunday Offertory envelopes? (please check one) Yes No

RETURN ENTIRE FORM TO:

**HOLY GHOST CHURCH
 518 WASHINGTON ST
 WHITMAN MA 02382**

Please list children, beginning with the eldest.

<u>Name</u>	<u>Date of Birth</u>	<u>Baptized?</u> Yes or No	<u>1st</u> <u>Comm?</u> Y or N	<u>Confirmed?</u> Y or N	<u>Grade in</u> <u>in school</u>	<u>Attends CCD at</u> <u>Holy Ghost?</u>

Please send me information about:

Volunteer opportunities at church Serving as a Lector Adult Catholic Education Ushers
 Perpetual Adoration Pine Street Inn Being a CCD teacher helping with CYO/Youth Activities
 Altar Servers Choir Adult Baptism and Confirmation Vocations in the Church
 Visiting the sick Blessed Virgin Mary Sodality Scouting _____
(Other)