



Sacred Heart Catholic Church
 909 North Madison / P.O. BOX 470/ Webb City, Mo 64870
 Phone: (417)673-2044 Fax: (866)249-9190
 Email: sacredheartsecretary@gmail.com

ID#: _____
 Office Use Only



PARISH REGISTRATION

Welcome to Sacred Heart Catholic Church, we are very happy that your family has decided to officially become a part of our Parish community. All registered members are offered pre-printed offering envelopes. These envelopes allow the Parish to keep a record of gifts received from individual families and provide parishioners, upon request, a year-end tax acknowledgment. They also allow parishioners who are unable to attend Mass regularly an opportunity to support our Parish through the gift of tithing.

Would you like to receive offering envelopes? YES NO

Family Name: _____ Date: _____

Mailing Address: _____ Unlisted: Yes No

City/State/Zip: _____

Mass Attendance: Weekday 5PM Saturday 9AM Sunday 12:15PM Sunday

HEAD OF HOUSEHOLD: Male Female

Full Name: _____ Nickname: _____

Birthdate: _____ Grade/Degree: _____ Occupation: _____

Religion: _____ Ethnicity: _____ Language: _____

Email: _____ Phone: _____ Unlisted: Yes No

BAPTISM: Date: _____ Church Name & Location: _____

COMMUNION: Date: _____ Church Name & Location: _____

CONFIRMATION: Date: _____ Church Name & Location: _____

MARRIAGE: Date: _____ Church Name & Location: _____

SPOUSE/OTHER ADULT: Male Female

Full Name: _____ Nickname: _____

Birthdate: _____ Grade/Degree: _____ Occupation: _____

Religion: _____ Ethnicity: _____ Language: _____

Email: _____ Phone: _____ Unlisted: Yes No

BAPTISM: Date: _____ Church Name & Location: _____

COMMUNION: Date: _____ Church Name & Location: _____

CONFIRMATION: Date: _____ Church Name & Location: _____

MARRIAGE: Date: _____ Church Name & Location: _____

CHILD: Male Female

Full Name: _____ **Nickname:** _____

Birthdate: _____ **Grade/Degree:** _____ **Occupation:** _____

Religion: _____ **Ethnicity:** _____ **Language:** _____

BAPTISM: Date: _____ **Church Name & Location:** _____

COMMUNION: Date: _____ **Church Name & Location:** _____

CONFIRMATION: Date: _____ **Church Name & Location:** _____

CHILD: Male Female

Full Name: _____ **Nickname:** _____

Birthdate: _____ **Grade/Degree:** _____ **Occupation:** _____

Religion: _____ **Ethnicity:** _____ **Language:** _____

BAPTISM: Date: _____ **Church Name & Location:** _____

COMMUNION: Date: _____ **Church Name & Location:** _____

CONFIRMATION: Date: _____ **Church Name & Location:** _____

CHILD: Male Female

Full Name: _____ **Nickname:** _____

Birthdate: _____ **Grade/Degree:** _____ **Occupation:** _____

Religion: _____ **Ethnicity:** _____ **Language:** _____

BAPTISM: Date: _____ **Church Name & Location:** _____

COMMUNION: Date: _____ **Church Name & Location:** _____

CONFIRMATION: Date: _____ **Church Name & Location:** _____

CHILD: Male Female

Full Name: _____ **Nickname:** _____

Birthdate: _____ **Grade/Degree:** _____ **Occupation:** _____

Religion: _____ **Ethnicity:** _____ **Language:** _____

BAPTISM: Date: _____ **Church Name & Location:** _____

COMMUNION: Date: _____ **Church Name & Location:** _____

CONFIRMATION: Date: _____ **Church Name & Location:** _____