



Welcome to Holy Name of Jesus Catholic Church

New Membership Registration

Please complete this form for yourself and applicable family members.

Mail or drop off completed form to 155 County Road 24, Wayzata, MN 55391
OR email to mschatz@hnoj.org OR complete online at www.hnoj.org/iamnew.

Household Information:

Date	/	/
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Family Last Name			
Primary Email	Primary Phone		
Street Address			
City	State	Zip Code	
Previous Church	City and State		

Adult #1 Information:

Name	First:	Last:	Middle:
Maiden Name	Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Religion		<input type="checkbox"/> Catholic <input type="checkbox"/> Other:
Fluent Language			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Marriage Date
Email Address	Home Phone		
Cell Phone	Occupation		
Church of Marriage	City and State		

Adult #2 Information:

Relationship to Adult #1	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other:		
Name	First:	Last:	Middle:
Maiden Name	Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Religion		<input type="checkbox"/> Catholic <input type="checkbox"/> Other:
Fluent Language			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Marriage Date
Email Address	Home Phone		
Cell Phone	Occupation		

Child Information: (Recommend adults over 21 complete a separate registration form.)

First Name	Last Name	Gender	Birthdate	Grade	Sacraments Received
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation

Allergies/Other Comments:

For Office Use	Family Suite	Envelope Number	Constant Contact	Catholic Spirit	Welcome Committee
Initial and Date					