

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	1 1	
Family Last Name			7				
			•				
Primary Email	Primary Phone						
Street Address							
City			State		Zip Code	Zip Code	
Previous Church			City and State				
Adult #1 Information:							
Name	First:	•		Middle:			
Maiden Name			Gender		□ Male □ Female		
Birth Date			Religion		☐ Catholic ☐ Other:		
Fluent Language							
Marital Status						Date	
Email Address		Home Phone					
Cell Phone	Occupation						
Church of			City and State				
Marriage	City and State						
Adult #2 Inforr	mation:						
Relationship to Adult #1	☐ Husband ☐ Wife ☐ Other:						
Name	First: Last: Middle:						
Maiden Name	Gender			□ Male □ Female			
Birth Date				☐ Catholic ☐ Other:			
	Religion Catholic Other:						
Fluent Language Marital Status	□ Married □ Single □ Widowed □ Divorced □ Separated Marriage Date						
Email Address	Home Phone			iteu	Wallage Date		
Cell Phone		Occupation					
Cell Filone	Occupation						
Child Information: (Recommend adults over 21 complete a separate registration form.)							
First Name	Last Name		Birthdate	Grade		aments Received	
FIISTName	Last Name	Gender	Dirtituate	Graue		☐ First Communion	
		□M□F				iliation Confirmation	
						☐ First Communion	
		□M□F				iliation Confirmation	
						☐ First Communion	
		□M□F				iliation Confirmation	
						☐ First Communion	
		□M□F			□ Reconci	iliation Confirmation	
		□M□F				☐ First Communion	
						iliation Confirmation	
		□M□F				☐ First Communion	
					☐ Reconci	iliation Confirmation	
Allergies/Other Comments:							
For Office Use	Family Suite	Envelope Number	Constant Contact	Coth	Nio Snirit	Welcome Committee	
Initial and Date	r arminy Suite	ruvelope Mullipel	Constant Contact	Calif	olic Spirit	VVEICOME COMMINICEE	