

HOLY CROSS CHURCH



FAMILY LAST NAME _____ **PHONE** _____
ADDRESS _____ **CELL** _____
CITY _____ **WORK** _____
ZIP _____ **EMAIL** _____
OCCUPATION _____
ENVELOPE NO. _____

Mass Times:
Mondays & Fridays 8:30am / Thursdays 5:30 pm
Saturdays 5pm / Sundays 8 & 10am

HEAD(S) OF HOUSEHOLD	BIRTH	RELIG DENOM.	MARITAL STATUS	CATH BAPTISM	FIRST COMM	CONFIRM	Catholic MARRIAGE										
							First Name	Initial	mm/dd/yyyy	M-Married S-Single W-Widowed D-Divorced Sep. - Separated	YES	NO	YES	NO	YES	NO	
CHILDREN WITH MIDDLE NAME																	
OTHERS IN HOUSEHOLD																	

NAME OF PRIOR PARISH _____ **In THE DIOCESE OF** _____