

HOLY REDEEMER BY THE SEA CATHOLIC PARISH

301 WEST KITTY HAWK ROAD, P.O. BOX 510, KITTY HAWK, NC 27949 | PHONE: (252) 261-4700 FAX: (262) 261-1405

PLEASE PRINT

Household (last name) _____
Full Time Part Time

Primary Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address: _____

Office Use Only
Date Entered: _____

Preferred Phone Number _____

Please check if you **do not** wish to receive Offertory Envelopes for your Church Support Donations.

EMERGENCY NOTIFICATION

In case of emergency whom should we notify:

Name: _____ Relationship: _____

Address: _____ Preferred Phone: _____

City, State, Zip _____ Alternate Phone: _____

(Ministry Form #1) ADULT IN HOUSEHOLD

Name _____ Male Female Title _____
First Middle Last Mr., Mrs., Ms, Dr., etc.

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Occupation _____ Highest Grade/Degree achieved: _____

Retired: Yes No Preferred Phone (_____) _____

Alternate Phone: (_____) _____

Marital Status: Married Single Widowed Separated Divorced Race/Ethnic _____

Religion _____ Last Parish Affiliation _____

Language(s) Spoken _____ Last Parish City/State _____

Sacraments Received: Baptism _____ First Reconciliation _____ First Eucharist _____
Date Date Date

Confirmation _____ Marriage _____
Date Date

Previous Involvements/Ministries _____

Community Affiliations _____

Your parish community also wants to be of service to you. Please let us know if you or your family have any special needs (e.g., handicapped, physically or mentally challenged). _____

Comments: _____

(Ministry Form #2) ADULT IN HOUSEHOLD

Name _____ Male Female Title _____
First Middle Last Mr., Mrs., Ms, Dr., etc.

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Occupation _____ Highest Grade/Degree achieved: _____

Retired: Yes No

Preferred Phone (_____) _____

Alternate Phone: (_____) _____

Marital Status: Married Single Widowed Separated Divorced Race/Ethnic _____

Religion _____ Last Parish Affiliation _____

Language(s) Spoken _____ Last Parish City/State _____

Sacraments Received: Baptism _____ First Reconciliation _____ First Eucharist _____
Date Date Date
 Confirmation _____ Marriage _____
Date Date

Previous Involvements/Ministries _____

Community Affiliations _____

Your parish community also wants to be of service to you. Please let us know if you or your family have any special needs(e.g., handicapped, physically or mentally challenged). _____

Comments: _____

_____ I give permission for my contact information to be published in the parish roster.

_____ Please do not publish my contact information in the parish roster.

Signature

Print Name

