

Sacred Heart Parish

New Member Registration
1627 Grand Avenue, West Des Moines, IA 50265
515-225-6414

Household Information

Date: _____

Family Last Name: _____

Address: _____

Street

Unit Number

City

Zip

Home Phone Number: _____

Preferred Email: _____

Marital Status: Married Separated/Divorced Single Widowed Engaged Living Together

Male Head of Household

First Name: _____

Middle Name: _____

Last Name: _____

DOB: _____ Catholic? Yes ___ No ___

Occupation: _____ Employer: _____

Work Phone Number: _____ Cell Phone Number: _____

Email: _____

Female Head of Household

First Name: _____

Middle Name: _____

Last Name: _____

DOB: _____ Catholic? Yes ___ No ___

Occupation: _____ Employer: _____

Work Phone Number: _____ Cell Phone Number: _____

Email: _____

Turn over to add children's information

Children Information

Child #1

First Name: _____ Middle Name: _____

Last Name: _____

DOB: _____ Catholic? Yes _____ No _____

Sex: (Female) _____ (Male) _____ Graduation Year _____

Child #2

First Name: _____ Middle Name: _____

Last Name: _____

DOB: _____ Catholic? Yes _____ No _____

Sex: (Female) _____ (Male) _____ Graduation Year _____

Child #3

First Name: _____ Middle Name: _____

Last Name: _____

DOB: _____ Catholic? Yes _____ No _____

Sex: (Female) _____ (Male) _____ Graduation Year _____

Child #4

First Name: _____ Middle Name: _____

Last Name: _____

DOB: _____ Catholic? Yes _____ No _____

Sex: (Female) _____ (Male) _____ Graduation Year _____

Child #5

First Name: _____ Middle Name: _____

Last Name: _____

DOB: _____ Catholic? Yes _____ No _____

Sex: (Female) _____ (Male) _____ Graduation Year _____