



New Parishioner Registration Form
 Sacred Heart Roman Catholic Church
 888 King Street
 Charleston, SC 29403
 Please **PRINT** all answers clearly

Office Use Only Env. # _____

Family (Last) Name: _____ Date: _____

Registrant's Name: _____ (M/F) Preferred Name: _____
 Formal First Name, MI & Maiden (if applicable)

Spouse's Name: _____ (M/F) Preferred Name: _____
 Formal First Name, MI & Maiden (if applicable)

Marital Status: Single () Engaged () Married () Divorced () Annulment () Widowed ()

Street Address: _____ City: _____ Zip Code: _____

Primary Phone #: _____ Primary Cell #: _____ Subdivision _____

Primary E-mail Address: _____

Personal Info.	Registrant: Mr. Mrs. Ms. Miss Dr.	Spouse: Mr. Mrs. Ms. Miss. Dr.
Date of Birth	mm/dd/yyyy	mm/dd/yyyy
Religion	Roman Catholic? Yes G No G If "No," other denomination: _____	Roman Catholic? Yes G No G If "No," other denomination: _____
Sacraments Received (X)	Baptism ___ Communion ___ Confirmation ___ Marriage ___ Church where baptized _____	Baptism ___ Communion ___ Confirmation ___ Marriage ___ Church where baptized _____
Date of Marriage if applicable	mm/dd/yyyy	mm/dd/yyyy
Church of Marriage, City, State		
Occupation		
Employer Name		
Work/Cell Phone		

Dependent Information (Living at Home)

* Please note: If registering after June 1st, please indicate grade level entering in the Fall.
 Children over 18 are suggested to register separately.

Name, MI (Last, if different)	Nickname	Birthdate	M/F	Grade	Baptized (List Year)	Communion (List Year)	Confirmation (List Year)

Which Mass time do you plan to attend on a regular basis? ___ 4:30 pm Sat. ___ 10:00 am Sun ___ 12:00 pm Sun

You can register for online giving at <https://osvhub.com/sacredheartcharleston/giving/funds>

Please note any special needs (i.e. physically challenged, shut-ins, etc.): _____

Emergency Contact: Name _____ Relationship: _____ Telephone #: _____