Good Shepherd Catholic Church - Parish Registration Form

Professional discretion by the Parish Staff will be used with the information listed below.

Name Head of House		Male / Fema	le Jr.,/ Sr., /II, /III
Head of House Primary Phone		Birthdate	
Email			
Maiden Name		Single Wid	low/er □
Religion	Baptized Yes / No	Good Shepherd So	chool Alumni Yes / No
Ethnicity		Primary Languag	e
Name of Spouse		Male / Fema	ale Jr., /Sr.,/ II, /III
Spouse Primary Phone		Birthdate	
Email			
Maiden Name		Single 🗆 W	idow/er □
Religion	Baptized Yes / No	Good Shepherd So	chool Alumni Yes / No
Ethnicity		Primary Language	
Home/Mailing Address			
City and State		Zip Code	
Children Residing in Home ONLY	Birthdate	<u>Gender</u>	Baptized Roman Catholic
		Male/Female	Y or N
		Male/Female	Y or N
		Male/ Female	Y or N
		Male /Female	Y or N
How do you wish to participate in pa	arish tithing? Please	e mail me envelopes	Contact me about Electronic Tithing
May we share your phone number o	or email address with P	arish Committees/Pt	ublications? Yes / No
Revised 08/2023		Office 1	Use Only - Crossroads