## Sacred CHeart Catholic Church

## Registration

Date of Regist									
			City:			State: Zip Code:			
	ess if Different:								
Home Phone:				_ Family	Email:				
☐ I would like	<b>email</b> to be our	primary mode	of commu	ınication. E	Email allows i	us to save mone	y on envelop	pes and stamps.	
☐ I would like	<b>US mail</b> to be o	ur primary mod	le of comn	nunication	ı <b>.</b>				
			ADU	JLT INFOR	RMATION				
First Name: <sub>.</sub>				_ MI:	Las	t Name:			
Cell Phone: _				Pe	rsonal Email	:			
Primary Lang	uage:			Sec	cond Langua	ge:			
		Single	□ Marrie	d 🗆	Divorced	☐ Widov	ved		
			Sacraments Received						
Birth Date	Male/Female	Religion	Bap	tism C	Communion	Confirmation	Marriage Occupat		
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Cell Phone: _				Per	sonal Email:				
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