



Holy Cross Catholic Church

4803 William Street, Omaha, NE 68106
(402) 553-7500 - www.holycrossomaha.org

Parish Registration Form

Today's Date: _____

Family Surname: _____ Former Catholic Parish, City/State _____

Male Head of Household Name: _____ Female Head of Household Name: _____

Title, to be used on the outside of the envelope, Mr. & Mrs., Ms., Dr.: _____

Street Address: _____ Home Phone: _____

City, State and Zip: _____ Family e-mail: _____

Male Head of Household Information

First Name _____ Nick Name _____ Middle Name _____ Last Name _____

DOB: _____ Religion Practiced: _____ Active Participant: Y/N

Sacraments Received: Baptism Y/N Eucharist Y/N Confirmation Y/N Death Date (if deceased): _____

High School Graduation Yr: _____ Grade School attended: _____ High School attended: _____
(If a Holy Cross graduate, please list married name, updated address and graduation year if applicable)

Occupation: _____ Employer: _____ Employer Address: _____

Work Phone: _____ Cell Phone: _____ Pager: _____

Female Head of Household Information

First Name _____ Nick Name _____ Middle Name _____ Last Name _____

DOB: _____ Religion Practiced: _____ Active Participant: Y/N

Sacraments Received: Baptism Y/N Eucharist Y/N Confirmation Y/N Death Date (if deceased): _____

High School Graduation Yr: _____ Grade School attended: _____ High School attended: _____
(If a Holy Cross graduate, please list married name, updated address and graduation year if applicable)

Occupation: _____ Employer: _____ Employer Address: _____

Work Phone: _____ Cell Phone: _____ Pager: _____

Marital Status

Please shade the circle that applies:

- Single, never married
- Widowed
- Divorced
- Separated
- Home bound family member
- Married: Date of Marriage _____

Were you married by a Priest? Y/N

Stewardship Pledge

Your stewardship pledge is a personal decision. A recommended amount is 5% of your family income. If this is not possible, please consider a monthly dollar amount that represents 2% or 3%. Holy Cross is a Church of good stewards and we ask that every parish family contribute their fair share. Your pledge card is enclosed. If you are able to pick up your envelopes in the Parish Office, it will save the cost of mailing them. Thank you.

Children's Information

If you need additional space for your family, please attach an additional sheet with the information listed below.

First Child

				Male/Female
First Name	Nickname	Middle Name	Last Name	
DOB: _____		Religion Practiced: _____		Active Participant: Y/N
Sacraments Received: Baptism Y/N Eucharist Y/N Confirmation Y/N Death Date (if deceased): _____				
Current Grade in School: _____ Grade School: _____ High School: _____ Grad. Yr.) _____				
Living at Home: Y/N (If Holy Cross graduate, please list married name, updated address and graduation year if applicable)				

Second Child

				Male/Female
First Name	Nickname	Middle Name	Last Name	
DOB: _____		Religion Practiced: _____		Active Participant: Y/N
Sacraments Received: Baptism Y/N Eucharist Y/N Confirmation Y/N Death Date (if deceased): _____				
Current Grade in School: _____ Grade School: _____ High School: _____ Grad. Yr.) _____				
Living at Home: Y/N (If Holy Cross graduate, please list married name, updated address and graduation year if applicable)				

Third Child

				Male/Female
First Name	Nickname	Middle Name	Last Name	
DOB: _____		Religion Practiced: _____		Active Participant: Y/N
Sacraments Received: Baptism Y/N Eucharist Y/N Confirmation Y/N Death Date (if deceased): _____				
Current Grade in School: _____ Grade School: _____ High School: _____ Grad. Yr.) _____				
Living at Home: Y/N (If Holy Cross graduate, please list married name, updated address and graduation year if applicable)				

Fourth Child

				Male/Female
First Name	Nickname	Middle Name	Last Name	
DOB: _____		Religion Practiced: _____		Active Participant: Y/N
Sacraments Received: Baptism Y/N Eucharist Y/N Confirmation Y/N Death Date (if deceased): _____				
Current Grade in School: _____ Grade School: _____ High School: _____ Grad. Yr.) _____				
Living at Home: Y/N (If Holy Cross graduate, please list married name, updated address and graduation year if applicable)				