



# Holy Cross Catholic Church

4803 William Street, Omaha, NE 68106  
(402) 553-7500 - [www.holycrossomaha.org](http://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)