

Holy Cross Catholic Community

4 Belle Brook Lane Derry NH 03038

Parish Registration Form

Phone 603 437-9544

Family Name -	Phone -
Mailing Address - (Street, City, State, ZIP) _____	

Head of Household

First Name -	Maiden Name -
Birth Date - (month/day/year)	Occupation -
Religion -	Work Phone -
Sacraments Received • Baptismal date _____ • Penance • 1st Communion • Confirmation date _____	

Spouse

First Name -	Maiden Name -
Birth Date - (month/day/year)	Occupation -
Religion -	Work Phone -
Sacraments Received • Baptismal date _____ • Penance • 1st Communion • Confirmation date _____	

Child # 1

First Name -	Last Name (If Different) -	• Male • Female
Birth Date - (month/day/year)	Current Grade and School Name -	
Religion -	Attending CCD • Yes • No Where -	
Sacraments Received • Baptismal date _____ • Penance • 1st Communion • Confirmation date _____		

Child #2

First Name -	Last Name (If Different) -	• Male • Female
Birth Date - (month/day/year)	Current Grade and School Name -	
Religion -	Attending CCD • Yes • No Where -	
Sacraments Received • Baptismal date _____ • Penance • 1st Communion • Confirmation date _____		

Child #3

First Name -	Last Name (If Different) -	• Male • Female
Birth Date - (month/day/year)	Current Grade and School Name -	
Religion -	Attending CCD • Yes • No Where -	
Sacraments Received • Baptismal date _____ • Penance • 1st Communion • Confirmation date _____		

Child #4

First Name -	Last Name (If Different) -	• Male • Female
Birth Date - (month/day/year)	Current Grade and School Name -	
Religion -	Attending CCD • Yes • No Where -	
Sacraments Received • Baptismal date _____ • Penance • 1st Communion • Confirmation date _____		

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Other Household Member

First Name -	Last Name (If Different) -	• Male • Female
Birth Date - (month/day/year)	Current Grade and School Name or Occupation	
Religion -	Attending CCD • Yes • No Where -	
Sacraments Received • Baptismal date _____ • Penance • 1st Communion • Confirmation date _____		

Other Household Member

First Name -	Last Name (If Different) -	• Male • Female
Birth Date - (month/day/year)	Current Grade and School Name or Occupation	
Religion -	Attending CCD • Yes • No Where -	
Sacraments Received • Baptismal date _____ • Penance • 1st Communion • Confirmation date _____		
Are You Using the Sunday Donation Envelopes • Yes • No If "yes" please fill in Envelope # _____		
Marital Status • Married in Catholic Church • Married by Protestant Minister • Married by JP Date Married (month/day/year) - _____ • Single • Widowed • Separated • Divorced		

As part of our Holy Cross family, we invite you to look over our church needs and consider sharing the parish responsibility with us. You see that we have many different needs and ministries. You may print your name in the "interested" box if a particular ministry interests you. If you already serve, please print your name in the "current" box. Thank you!

Ministries	<i>Current</i>	<i>Interested</i>
Education/CCD		
Eucharistic Minister		
Lector		
Library		
Music		
RCIA		
Usher		
Men of St. Joseph		

Committees	<i>Current</i>	<i>Interested</i>
Building		
Development		
Finance		
Liturgy		
Pastoral Council / Steering		
Social		
Environment		

Hands-On	<i>Current</i>	<i>Interested</i>
Art/Layout/Printing/Publishing		
Carpentry		
Electrical		
Plumbing		

Community Service	<i>Current</i>	<i>Interested</i>
Bread Program		
Prayer Group		
Soup Kitchen		
Visit Sick and Elderly		
Youth Group		