

Father Thomas McGing, Pastor

Holy Savior Catholic Church
714 Lindale St. Clinton, MS
(601) 924-6344

New Parishioner Reg. Form

Date _____

NAME _____
Last First Middle Init. Date of Birth Religion

HOME ADDRESS _____
Street, City Zip Phone #

EMPLOYMENT _____
Phone #

SPOUSE'S NAME _____
Last First Middle Init. Date of Birth Religion

EMPLOYMENT _____
Phone #

NAMES OF CHILDREN LIVING AT HOME:

Name _____
Date of Birth School Attending

Name _____
Date of Birth School Attending

Name _____
Date of Birth School Attending

SACRAMENTS RECEIVED	BAPTISM	1 ST COMMUNION	CONFIRMATION
Self	_____	_____	_____
Spouse	_____	_____	_____
First Child	_____	_____	_____
Second Child	_____	_____	_____
Third Child	_____	_____	_____
Fourth Child	_____	_____	_____

If interested in participating in any of the following ministries, please check:

Lector _____ Eucharistic Minister _____ Usher _____
 Choir _____ CCD Teacher _____ Altar Society _____
 R.C.I.A. _____ Altar Server _____ Other _____
 Bereavement meals _____ Work with Youth _____

Primary Email address _____

I would like to receive contribution envelopes _____ (yes) _____ (no) Envelope # _____
(office use only)