



New Family Registration Form

714 Lindale Street
Clinton, MS
601-924-6344
holysavior@att.net

Family Name: _____

Previous Parish: _____

Today's Date: _____

Name: _____ Phone# _____

Address: _____ DOB: _____

Employer: _____ Religion: _____

Email: _____

Sacraments Received:

Baptism

First Communion

Confirmation

How would you like to be involved with Holy Savior?

Lector

Usher

Eucharistic Minister

Hospitality

Bereavement

Youth

Altar Care

Adult Faith Formation

Religious Education

IT

Campus Ministry

Flower Guild

RCIA

Other: _____

Spouse Name: _____ Phone# _____

Address: _____ DOB: _____

Employer: _____ Religion: _____

Email: _____

Sacraments Received:

Baptism

First Communion

Confirmation

How would you like to be involved with Holy Savior?

Lector

Usher

Eucharistic Minister

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Other: _____

More on back >

Family Name: _____

Child 1 Name: _____ DOB: _____

School attending: _____ Current Grade: _____

Sacraments Received:

Baptism First Communion Confirmation

Child 2 Name: _____ DOB: _____

School attending: _____ Current Grade: _____

Sacraments Received:

Baptism First Communion Confirmation

Child 3 Name: _____ DOB: _____

School attending: _____ Current Grade: _____

Sacraments Received:

Baptism First Communion Confirmation

Child 4 Name: _____ DOB: _____

School attending: _____ Current Grade: _____

Sacraments Received:

Baptism First Communion Confirmation

Yes, we would like to receive contribution envelopes: _____ Envelope #: _____ (office use)

Yes, we would like to be added to the parish distribution list to receive emails and texts to stay up to date with parish events and announcements: _____

Yes, we would like to be added to the online parish directory: _____

Yes, you can include our family in pictures from parish events on social media posts: _____