



*Church of the Holy Family*  
 700 West Main Street ♦ Silver Lake, MN 55381  
 Phone: (320) 327-2356 ♦ Fax: (320) 327-6533  
[www.holyfamilysilverlake.org](http://www.holyfamilysilverlake.org)

### New Membership Registration Form

**Family Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

New Member  Previous Member Update

**Please list all members of your family:**

**Father/Husband/Single Man:**

\_\_\_\_\_  
(First Name) (Middle) (Last Name) **Date of Birth:** \_\_\_\_\_  
(mm/dd/yy)

**Address:**

\_\_\_\_\_  
(City) (State) (Zip Code)

**Phone No:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Religion:** Catholic \_\_\_ Lutheran \_\_\_ Methodist \_\_\_ Baptist \_\_\_ Other \_\_\_\_\_

**Sacraments Received:**

Baptism: \_\_\_\_\_ First Communion (Y/N): \_\_\_\_\_  
(Date) (Name of Church, City & State)

Confirmation: \_\_\_\_\_  
(Date) (Name of Church, City & State)

**Marital Status:**

Married in the Catholic Church  Married - civil ceremony  Divorced  Single   
 Widow/Widower

**Wife/Mother/Single Woman:**

\_\_\_\_\_  
(First Name) (Middle) (Maiden Name) (Last Name) **Date of Birth:** \_\_\_\_\_  
(mm/dd/yy)

**Address:**

\_\_\_\_\_  
(City) (State) (Zip Code)

**Phone No:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Religion:** Catholic \_\_\_ Lutheran \_\_\_ Methodist \_\_\_ Baptist \_\_\_ Other \_\_\_\_\_

**Sacraments Received:**

Baptism: \_\_\_\_\_ First Communion (Y/N): \_\_\_\_\_  
(Date) (Name of Church, City & State)

Confirmation: \_\_\_\_\_  
(Date) (Name of Church, City & State)

**Marital Status:**

Married in the Catholic Church  Married - civil ceremony  Divorced  Single   
 Widow/Widower

Date and place of marriage: \_\_\_\_\_

**Children (full legal names – make sure to include biological parent names):**

**1. Name of Child:**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First Name) (Middle) (Last Name) (mm/dd/yy)

**Sacraments Received:**

Baptism: \_\_\_\_\_ First Communion (Y/N): \_\_\_\_\_  
(Date) (Name of Church, City & State)

Confirmation: \_\_\_\_\_  
(Date) (Name of Church, City & State)

**2. Name of Child:**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First Name) (Middle) (Last Name) (mm/dd/yy)

**Sacraments Received:**

Baptism: \_\_\_\_\_ First Communion (Y/N): \_\_\_\_\_  
(Date) (Name of Church, City & State)

Confirmation: \_\_\_\_\_  
(Date) (Name of Church, City & State)

**3. Name of Child:**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First Name) (Middle) (Last Name) (mm/dd/yy)

**Sacraments Received:**

Baptism: \_\_\_\_\_ First Communion (Y/N): \_\_\_\_\_  
(Date) (Name of Church, City & State)

Confirmation: \_\_\_\_\_  
(Date) (Name of Church, City & State)

**4. Name of Child:**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First Name) (Middle) (Last Name) (mm/dd/yy)

**Sacraments Received:**

Baptism: \_\_\_\_\_ First Communion (Y/N): \_\_\_\_\_  
(Date) (Name of Church, City & State)

Confirmation: \_\_\_\_\_  
(Date) (Name of Church, City & State)

**Opportunities to assist in parish life:**

I am interested in being involved in parish life in one or more of the following areas:

**Eucharistic Adorer** (every Wednesday from Noon – 4:00 p.m.) One hour per week

**Liturgical Minister at Mass:** Lector  Usher  Extraordinary Minister of Holy Communion  
EMHC to the Homebound  Rosary Leader  Cantor  Musician

If you selected Musician, what instrument(s) do you play? \_\_\_\_\_

**Religious Education:** Catechist  Substitute Catechist  Prayer Listener  Other

**Council of Catholic Women (CCW)**  **Knights of Columbus**  **Rosary Society**