

Date:			

Sacred Heart Parish Registration											
Addr	ess:		City:	State:	Zip:						
Seasonal Address:						City:	State:	Zip:			
Emai	l:		Donation Envelopes: ☐ Yes ☐ No			□Year Round Parishioner □Seasonal Parishionerto					
Main Contact	□Single □Husband □Wife □Sig. Other	Last Name	First Name	Date of Birth	Religion	Phone	□Baptized □First Com □Confirma □Sacramen				
Spouse	□Single □Husband □Wife □Sig. Other	Last Name	First Name	Date of Birth	Religion	Phone	□Baptized □First Communion □Confirmation □Sacrament of Marriage				
Children	□Son □Daughter	Last Name	First Name	First Name		Religion	□Baptized □First Communion □Confirmation				
	□Son □Daughter	Last Name	First Name		Date of Birth	Religion	□Baptized □First Communion □Confirmation				
	□Son □Daughter	Last Name	First Name		Date of Birth	Religion	□Baptized □First Communion □Confirmation				
	□Son □Daughter	Last Name	First Name		Date of Birth	Religion	□Baptized □First Communion □Confirmation				
	(760) 346-65	502	Mail 43775 Deep C	Return by: ice@sacredheartpa anyon Road Palm mass collection ba	Desert, CA 9226	g sacredh	eartpalmdese	rt.com			