

**SACRED HEART OF JESUS CHURCH**  
**295 Balearic Road, Hot Springs Village, AR 71909**  
**www.hsvsacredheart.com**

*PLEASE PRINT*

**HEADS OF HOUSEHOLD**

Mr/Mrs/ \_\_\_\_\_  
 Miss/Ms \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*If you want to receive robocalls, circle the phone number; please note ONLY ONE phone number per person.*

Check all that apply:  Baptized  First Communion  First Confession  Confirmation

Mr/Mrs/ \_\_\_\_\_  
 Miss/Ms \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*If you want to receive robocalls, circle the phone number; please note ONLY ONE phone number per person.*

Check all that apply:  Baptized  First Communion  First Confession  Confirmation

**HOUSEHOLD ADDRESS**

\_\_\_\_\_ Street \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

*MAILING ADDRESS (if different from above)*

\_\_\_\_\_ Street \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Marital Status:  Married\* (Date: \_\_\_\_\_)  Single  Divorced  Separated  
 \*Married in Catholic Church? Y or N

**Children or Others at Home**

Last Name	First Name	Birth Date	Baptism Date	First Communion		First Confession		Confirmation	
				Yes	No	Yes	No	Yes	No

**PLEASE COMPLETE BOTH SIDES**

**HOMETOWN**

Moved From \_\_\_\_\_ Hometown \_\_\_\_\_  
City/State City/State

**MINISTRIES**

I am interested in the following ministries/activities (check off all that apply) and we will share your contact information with those leaders:

- Altar Care/Linens
- Altar Server
- Bereavement
- Choir
- Collection Counters
- Extraordinary Ministers of Communion
- Knights of Columbus
- Ladies of the Sacred Heart
- Lector
- Men's Club
- Music
- Perpetual Eucharistic Adoration
- Ushers
- Youth Education
- Sacristan
- Singles

**OUTSIDE EMERGENCY CONTACT INFORMATION (OTHER THAN SPOUSE)**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**COLLECTION ENVELOPES**

Would you use Collection Envelopes sent by mail bi-monthly?      \_\_\_ YES      \_\_\_ NO

Are you interested in electronic giving (we'll help you set it up)?      \_\_\_ YES      \_\_\_ NO

OFFICE USE ONLY: entered in OSV; envelope #: \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
TODAY'S DATE

**BRING/SEND COMPLETED FORM TO PARISH OFFICE  
OR PLACE IN WEEKEND COLLECTION BASKET**

