	Sponsorship Religious Education	* FOR DEFIDE USE DNLY **		the Parish Uttice.	Please print and fill in as much information as possible and return to	(772) 286-4590	MAILING ADDRESS: 1454 SW Mapp Road-PALM CITY, FL 34990	* HOLY REDEEMER CATH		FIRST NAME Head of Household: Spouse Name: CHILDREN LIVING AT HOME UNDER IB YEARS OF AGE— FIRST NAME ADULTS LIVING AT HOME -IB AND OLDER FIRST NAME					FIRST NAME	ALTERNATE STREET ADDRESS ADDRESS:	SUBDIVISION NAME	SUBDIVISION NAME	FAMILY NAME
	Baptism		* IBMISHINGULE EI HUBHINGIII SIULI SUN SUN SEBIT *	◆ Please or				OLIC CHURC		ER					ME		TELEPHONE NUMBER		
	Marriage 0			nte this information is confi				HOLY REDEEMER CATHOLIC CHURCH REBISTRATION FORM 💠		SURNAME IF DIFFERENT FROM FAMILY NAME		SURNAME IF DIFFERENT From Family Name			SURNAME IF DIFFERENT From Family Name			TELEPHONE NUMBER	STREET ADDRESS
	Other			dential 🍫						MIDDLE		MIDDLE			MIDDLE				-
Update (7 Other	6 - Divo	5 - Divorced/single	4 - Separated	3 - Widow/Widower	2 - Single	1 - Married	(A) MARITAL STATUS		MARITAL STATUS (1-7)		MARITAL STATUS (1-7)			(A) MARITAL STATUS (1-7)				
Update (December	-5	Divorced/remarried								(B) RELIGION (1-B)		(B) RELIGION (1-B)			(B) RELIGION (1-B)	APT No.			
3, 2019)		rried								CONVERT (Y-N)		CONVERT (Y-N)			CONVERT	No. CITY			
8 fither	7 Presbyterian	6 Methodist	5 Lutheran	4 Episcopalian	3 Congr	2 Baptist	l Catholic	(B) R		SEX (M-F)		SEX (M-F)	-		SEX (M-F)		YES NO	UNLISTED	APT. No.
	yterian	dist	'an	palian	Congregational	11	ic	RELIGION		BIRTH		BIRTH			BIRTH Date		므		ПТҮ
	Other: Spo	6 Women's Gu	5 Flowers	4 Usher	3 Lector/com	2 Altar Server	1 Eucharistic	M		BAPTIZED CATHOLIC (Y-N)		BAPTIZED CATHOLIC (Y - N)			BAPTIZED Catholic (Y - N)			WIFE'S MAIDEN NAME	
	Specify	s Guild			commentator	YBF	tic Minister	NISTRIES (p		FIRST COMMUNION (Y-N)		FIRST COMMUNION (Y-N)			FIRST Communion (Y - N)			Æ	
		12 Yout	II Office Help	IO Heav	9	8 Chair	7 CCD	MINISTRIES (please " ~ " your preference)		CONFIRMATION (Y-N)		CONFIRMATION (Y-N)			CONFIRMATION (Y - N)				STATE
		Youth Group helper	в НеІр	10 Heavenly Wash	Coffee & Donuts		CCD Teacher/aide	reference,		DCCU S					S	STATE	YES	MARRIED	ZIP CODE
		lper					de			OCCUPATION-IF RETIRED State former		SCHOOL NAME			OCCUPATION-IF RETIRED State former	ZIP CODE	N	MARRIED BY A PRIEST	H
		REG	4590.	changes	an envelo	Please no		Do		IRED					RED		JULY	JAN.	To be
		REGISTRATION DATE	i i	Please notice that your envelopes will be processed ultrough an envelope company, It will require 5 to 6 weeks advance notice to handle any change of information. If there are any changes or corrections, please call the Parish Office at 286-4590. Thank you for your attention to this matter.		tice that y	☐ YES	Do you want to receive envelopes?							E-M	TELEPHON	AUG.	FEB.	To be completed by winter residents only. "X" months of residence in the Parish
		A DATE	ank you roi			our envelo				Ţ		<u>.</u>				TELEPHONE NUMBER	SEP.	MARCH	ted by w
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