PARISHIONER REGISTRATION

HOLY CROSS CATHOLIC CHURCH

708 SW 15th St Wagoner, Ok 74467.

Mailing Address :
P. O. Box 710 Wagoner, OK 74477

Full Name:_____ Nick Name:_____Catholic: _____

Spouse Name:_____Nick Name:_____Catholic_____

Address:_____City_____ST._____Zip:_____

Single_____ Married_____ Divorced_____ Widowed_____

Phone: Home:_____Husband Cell#_____Wife Cell#_____ -
Email: Husband_____ Wife:_____

Occupation: Husband:_____Business Phone: _____

Wife:_____ Business Phone: _____

Emergency Contact:

Name:_____Phone:_____Relationship:_____

Over

Below, please list all family members living in your household, begin with yourself, then indicate whether each person is being registered as a member of the parish

First Name	Last Name	Birthdate	Register as Member	Sacrament Received