



Holy Family CATHOLIC CHURCH REGISTRATION FORM

2200 Roberts St VernonTX 76384

PHONE: (940) 552-2895

WEBSITE: holyfamilyccvernon.org

Family Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone # (H/C): _____

Head of House Email: _____ Phone Number: _____

Spouse Email: _____ Phone Number: _____

Previous Parish Name: _____ Faith Formation/Youth Ministry Parent? ☐ Yes / No ☐
City: _____ State: _____

FAMILY INFORMATION

RELATIONSHIP	FIRST NAME & MIDDLE INITIAL	D.O.B. (MM.DD.YY)	MALE/FEMALE	MARITAL STATUS	BAPTIZED (Y/N)	BAPTIZED CATHOLIC/OTHER	CONFIRMED (Y/N)	NICKNAME
HEAD OF HOUSE								
SPOUSE								
CHILD								
CHILD								
CHILD								
CHILD								

Emergency Contact not residing with you: _____ Phone #: _____

Relationship: _____

To ensure your active participation is known to the parish,
1/We prefer the identifiable offertory method checked below:

- ☐ Auto Bank Debit ☐ Personal Checks ☐ Online Giving
☐ One Time Annual Gift ☐ Church Envelopes

Please return to the Parish Office between the hours of 9-4 pm (M-F) or drop in offertory basket.
Questions? Contact Parish Office at (940) 552-2895 or email catholicsecretary@att.net

Time, Talent & Fellowship

Tell me how I can help with: Check boxes that you are interested in.

☐	Altar Linens
☐	Altar Servers
☐	
☐	Baptism
☐	Bereavement
☐	Bible Study
☐	Building & Grounds
☐	Catechist, Aides & Substitutes
☐	
☐	Counters
☐	
☐	
☐	Events
☐	Extra Ordinary Ministers of Holy Communion
☐	Faith Formation for Kids
☐	Faith Formation for Adults
☐	Fellowship
☐	Greeters
☐	Homebound/Nursing Home
☐	

☐	Knights of Columbus
☐	Liturgy
☐	Lector
☐	Mass on Weekends
☐	Music, Choir
☐	
☐	Pastoral or Financial Council
☐	
☐	
☐	Prayer Shawl
☐	OCIA
☐	
☐	Sacristans
☐	
☐	Senior Outreach
☐	Stewardship
☐	Ushers
☐	Weddings
☐	Welcome
☐	Youth Ministry

Name: _____

Phone: _____

E-Mail: _____

Please drop off at the Church Office/Mailbox or e-mail to catholicsecretary@att.net

Thank You!!!



St Mary CATHOLIC CHURCH REGISTRATION FORM

611 Mercer St Quanah TX 79252

PHONE: (940) 552-2895

WEBSITE: holyfamilysccvernon.org

Family Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone # (H/C): _____

Head of House Email: _____ Phone Number: _____

Spouse Email: _____ Phone Number: _____

Previous Parish Name: _____ Faith Formation/Youth Ministry Parent? ☐ Yes / No ☐
City: _____ State: _____

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Name: _____

Phone: _____

E-Mail: _____

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Thank You!!!



St Joseph CATHOLIC CHURCH REGISTRATION FORM

1103 N Main St Crowell TX 79227

PHONE: (940) 552-2895

WEBSITE: holyfamilyccvernon.org

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Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone # (H/C): _____

Head of House Email: _____ Phone Number: _____

Spouse Email: _____ Phone Number: _____

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