

HOLY REDEEMER BY THE SEA CATHOLIC PARISH

301 WEST KITTY HAWK ROAD, P.O. BOX 510, KITTY HAWK, NC 27949 : PHONE: (252) 261-4700 FAX: (262) 261-1405

PLEASE PRINT

Household (last name) _____
Full Time Part Time

Office Use Only
Date Entered: _____

Primary Address _____

City _____ State _____ Zip _____

Mailing Address _____

Home Phone Number _____

City _____ State _____ Zip _____

**Please check if you wish to receive
Offerory Envelopes**

E-Mail Address: _____

EMERGENCY NOTIFICATION

In case of emergency whom should we notify:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

City, State, Zip _____ Work Phone: _____

(Ministry Form #1) ADULT IN HOUSEHOLD

Name _____ Male Title _____
First Middle Last Female Mr., Mrs., Ms, Dr., etc.

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Occupation _____ Highest Grade/Degree achieved: _____

Retired: Yes No Business Phone (_____) _____

Cell Phone: (_____) _____

Marital Status: Married Single Widowed Separated Divorced Race/Ethnic _____

Religion _____ Last Parish Affiliation _____

Language(s) Spoken _____ Last Parish City/State _____

Sacraments Received: Baptism _____ First Reconciliation _____ First Eucharist _____
Date Date Date

Confirmation _____ Marriage _____
Date Date

Previous Involvements/Ministries _____

Community Affiliations _____

Your parish community also wants to be of service to you. Please let us know if you or your family have any special needs (e.g., handicapped, physically or mentally challenged). _____

Comments: _____

(Ministry Form #2) ADULT IN HOUSEHOLD

Name _____ Male Female Title _____
First Middle Last Mr., Mrs., Ms, Dr., etc.

Goes By Name (nickname) _____ Birth Date _____/_____/_____
Month Day Year

Occupation _____ Highest Grade/Degree achieved: _____

Retired: Yes No Business Phone (_____) _____

Cell Phone: (_____) _____

Marital Status: Married Single Widowed Separated Divorced Race/Ethnic _____

Religion _____ Last Parish Affiliation _____

Language(s) Spoken _____ Last Parish City/State _____

Sacraments Received: Baptism _____ First Reconciliation _____ First Eucharist _____
Date Date Date

Confirmation _____ Marriage _____
Date Date

Previous Involvements/Ministries _____

Community Affiliations _____

Your parish community also wants to be of service to you. Please let us know if you or your family have any special needs(e.g., handicapped, physically or mentally challenged). _____

Comments: _____

_____ I give permission for my contact information to be published in the parish roster.

_____ Please do not publish my contact information in the parish roster.

Signature

Print Name

CHILDREN AT HOME

(Any one 21 years or older should register as an adult. Please call the parish office for an additional form.)

! Name _____ Male Female **(Ministry Form #3)**

First Middle Last
Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Sacraments Received: Baptism _____ First Reconciliation _____
Date Date
 Confirmation _____ First Eucharist _____
Date Date

School this child is currently attending: _____ Current Grade: _____
Would you like your child to be involved in our Sacramental Preparation Program? Yes No
Would you like your child to be involved in our Youth Group? Yes No

! Name _____ Male Female **(Ministry Form #4)**
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Sacraments Received: Baptism _____ First Reconciliation _____
Date Date
 Confirmation _____ First Eucharist _____
Date Date

School this child is currently attending: _____ Current Grade: _____
Would you like your child to be involved in our Sacramental Preparation Program? Yes No
Would you like your child to be involved in our Youth Group? Yes No

! Name _____ Male Female **(Ministry Form #5)**
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Sacraments Received: Baptism _____ First Reconciliation _____
Date Date
 Confirmation _____ First Eucharist _____
Date Date

School this child is currently attending: _____ Current Grade: _____
Would you like your child to be involved in our Sacramental Preparation Program? Yes No
Would you like your child to be involved in our Youth Group? Yes No

! Name _____ Male Female **(Ministry Form #6)**
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Sacraments Received: Baptism _____ First Reconciliation _____
Date Date
 Confirmation _____ First Eucharist _____
Date Date

School this child is currently attending: _____ Current Grade: _____
Would you like your child to be involved in our Sacramental Preparation Program? Yes No
Would you like your child to be involved in our Youth Group? Yes No

Any comments that would be helpful for us to serve your children: _____

CHILDREN AT HOME

(Any one 21 years or older should register as an adult. Please call the parish office for an additional form.)

! Name _____ Male Female **(Ministry Form #7)**
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Sacraments Received: Baptism _____ First Reconciliation _____
Date Date
 Confirmation _____ First Eucharist _____
Date Date

School this child is currently attending: _____ Current Grade: _____
Would you like your child to be involved in our Sacramental Preparation Program? Yes No
Would you like your child to be involved in our Youth Group? Yes No

! Name _____ Male Female **(Ministry Form #8)**
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Sacraments Received: Baptism _____ First Reconciliation _____
Date Date
 Confirmation _____ First Eucharist _____
Date Date

School this child is currently attending: _____ Current Grade: _____
Would you like your child to be involved in our Sacramental Preparation Program? Yes No
Would you like your child to be involved in our Youth Group? Yes No

! Name _____ Male Female **(Ministry Form #9)**
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Sacraments Received: Baptism _____ First Reconciliation _____
Date Date
 Confirmation _____ First Eucharist _____
Date Date

School this child is currently attending: _____ Current Grade: _____
Would you like your child to be involved in our Sacramental Preparation Program? Yes No
Would you like your child to be involved in our Youth Group? Yes No

! Name _____ Male Female **(Ministry Form #10)**
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ / _____ / _____
Month Day Year

Sacraments Received: Baptism _____ First Reconciliation _____
Date Date
 Confirmation _____ First Eucharist _____
Date Date

School this child is currently attending: _____ Current Grade: _____
Would you like your child to be involved in our Sacramental Preparation Program? Yes No
Would you like your child to be involved in our Youth Group? Yes No

Any comments that would be helpful for us to serve your children: _____

HOUSEHOLD STEWARDSHIP MINISTRY FORM

Our Creator has blessed each of us with gifts to be used to the service of others. Please review the Stewardship Booklet and prayerfully consider what ministries you are already involved in and want to continue to those new ministries you would like to sign up for. Then, using the **ministry form number** assigned to each household member (i.e., head of household = 1; second adult = 2, first child = 3, second child = 4, etc.), please complete the ministry sign-up form. Thank you.

Appointed and Elected Councils

- Pastoral Council
- Liturgical Council
- Finance Council
- Stewardship Committee
- Building Committee

Administration

- Collection Counters
- Physical Plant/Grounds

Faith Development

- Sacramental Catechists
- Rite of Christian
Initiation of Adults Team
- Rite of Christian Initiation
of Adult Sponsors
- Youth Chaperones
- Children's Liturgy of the Word
- Little Rock Scripture Study
- Small Group Faith Sharing

Young Adults

- Planning Team

Liturgy

- Altar Servers
- Environment and Art
- Eucharistic Ministers
- Eucharistic Ministers to the Sick
- Parking Ministry
- Musicians
- Hospitality Ministers:
Ushers/Greeters
- Sound Ministry
- Lectors
- Cantors
- Choir
- Children's Choir
- Wedding Liturgy
Preparation Committee
- Sacristans

HOUSEHOLD STEWARDSHIP MINISTRY FORM

(continued)

Peace and Justice

- Food Pantry
- English as a Second Language (ESL)
- Respect for Life
- Interfaith Community Outreach (ICO)
- Britthaven Nursing & Rehab
Center/Spring Arbor Assisted Living
- Parish Nursing/Health Ministry
- Blood Drive/Health Screening
- Latino/Hispanic Ministry
- Disaster Relief Committee
- Just Faith
- Rolling Library
- Truck-It Ministry
- Pathways Ministry
- Peace and Justice Coalition
- Legislative Advocacy

Parish Life

- Social Committee
- Knights of Columbus
- Ladies by the Sea
- Hospitality
- Men's Club
- Crafty Ladies
- Welcoming
Newcomers

Special Talents You Can Offer: _____

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

E-Mail: _____

Do you prefer contact by phone or e-mail? _____ Best time to reach you? _____