



SACRED HEART PARISH PARISHIONER REGISTRATION

Sacred Heart Warmly Welcomes New Parishioners!

Parish Offices: 1077 Tower Road, Winnetka, IL
60093 - 847.446.0856

Elementary School: 1095 Gage St., Winnetka,
IL 60093 - 847.446.0005

Religious Education: 1095 Gage St., Winnetka,
IL 60093 - 847.446.6535

www.shparish.com

Date: _____

Family Name: _____

Your Name: (Mr., Mrs., Ms., etc...) _____

Home Address: _____ **Email:** _____

City, State/Zip: _____

Marital Status: _____ **Religion:** _____

Occupation: _____ **Bus. Address:** _____

Birth Date: _____ **Bus. Phone:** _____

Phone (H) _____ **Cell:** _____

Name of Spouse (if married): _____

Home Address: _____ **Email:** _____

City, State/Zip: _____

Marital Status: _____ **Religion:** _____

Occupation: _____ **Bus. Address:** _____

Birth Date: _____ **Bus. Phone:** _____

Phone (H) _____ **Cell:** _____

Children:

Name: _____ **Birth Date:** _____

Baptized? (Yes / No) **1st Communion? (Yes / No)** **Confirmed? (Yes / No)**

Name: _____ **Birth Date:** _____

Baptized? (Yes / No) **1st Communion? (Yes / No)** **Confirmed? (Yes / No)**

Name: _____ **Birth Date:** _____

Baptized? (Yes / No) **1st Communion? (Yes / No)** **Confirmed? (Yes / No)**

Name: _____ **Birth Date:** _____

Baptized? (Yes / No) **1st Communion? (Yes / No)** **Confirmed? (Yes / No)**

If you are out of town for an extended period of time (seasonally) please provide alternate contact information such as address and phone numbers.

Use from _____ to _____

PARISH FINANCIAL SUPPORT OPTIONS

Please let us know how you would like to support your parish by completing the Financial Giving Form attached here.

If you would like our Finance Department to contact you please check here

Do you or someone in your family have a special need that impedes full participation at Mass? If so, how may the parish minister to your / their needs? _____

Please call me about the following ministries:

- Adult Formation**
 - Altar Servers**
 - Baptismal Prep**
 - Bible Study**
 - Children's Liturgy of the Word**
 - Choir**
 - Elizabeth Ministry**
 - Eucharistic Ministers**
 - Family Life**
 - Greeters**
 - Lectors**
 - Ministry of Care**
 - Outreach**
 - Prayer Group**
 - RCIA**
 - Small Faith Groups**
 - Soup Kitchen**
 - Ushers Ministry**
 - Youth Ministry**
- Other:** _____

Thank you for registering with Sacred Heart Parish. We look forward to meeting you and worshipping with you. If you have requested to be contacted, the appropriate ministry / staff member will contact you soon. Feel free to call the parish office at **847.446.0856** with any questions you may have.

SACRED HEART PARISH FINANCIAL GIVING FORM

PRAYERFULLY CONSIDERING HOW I / WE WILL FAITHFULLY AND GENEROUSLY SHARE MY / OUR
MONETARY BLESSINGS WITH OUR PARISH COMMUNITY -

I / we commit to sharing my/our financial resources by making a:

___ Weekly ___ Monthly ___ Quarterly ___ Annual Offering of \$ _____

Contribution Method

A. Weekly or Monthly envelope mailed to Sacred Heart or dropped in basket at Mass

B. Automatic Bank Withdrawal (from checking account)

I / we authorize Sacred Heart Parish to withdraw above stated offering unless I notify them otherwise
in writing one week prior to the next withdrawal date (the last business day of each month).

Bank Name _____

Account Number _____

Routing Number _____

Please include a copy of a voided check for processing

C. Credit Card

Please charge the above stated offering from the credit card options listed below:

Visa ___ MasterCard ___ Amex ___ Expires _____ 3 or 4 digit security code _____

Account Number: ___

Personal Information: (Please print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

I / we understand that monies donated to Sacred Heart Parish are **tax deductible** and that all information
provided within is confidential.

Signature _____ Date _____

Please return to Sacred Heart Parish, 1077 Tower Rd. Winnetka, IL 60093 / Fax: 847.501.5311