

MHT PICTORIAL DIRECTORY
FAMILY INFORMATION

At least one (1) family member must be a registered parishioner to enroll in the MHT Pictorial Directory.

If no member is an active registered parishioner, would you like to use this application as your consent to be added to the parish registry? ___ Yes ___ No

What Mass do you generally attend? Select up to 2.
Sat ___ 4pm ___ 6pm; Sun ___ 7:30am ___ 9am ___ 11am ___ 7pm

FAMILY LAST NAME: _____

FULL STREET ADDRESS: _____

CITY/STATE/ZIPCODE: _____

ANNIVERSARY (if applies, year is optional) _____

1st FAMILY MEMBER:

FIRST NAME: _____

LAST NAME: _____
(If different than head of household):

MEMBER OF CHURCH (Yes or No): _____

BIRTHDAY (year is optional): _____

EMAIL: _____

PHONE NUMBER: _____

LIST OF MINISTRIES OR GROUPS: _____

2ND FAMILY MEMBER:

FIRST NAME: _____

LAST NAME: _____
(If different than head of household):

MEMBER OF CHURCH (Yes or No): _____

BIRTHDAY (year is optional): _____

EMAIL: _____

PHONE NUMBER: _____

LIST OF MINISTRIES OR GROUPS: _____

3rd FAMILY MEMBER:

FIRST NAME: _____

LAST NAME: _____
(If different than head of household):

MEMBER OF CHURCH (Yes or No): _____

BIRTHDAY (year is optional): _____

EMAIL: _____

PHONE NUMBER: _____

LIST OF MINISTRIES OR GROUPS: _____

4th FAMILY MEMBER:

FIRST NAME: _____

LAST NAME: _____
(If different than head of household):

MEMBER OF CHURCH (Yes or No): _____

BIRTHDAY (year is optional): _____

EMAIL: _____

PHONE NUMBER: _____

LIST OF MINISTRIES OR GROUPS: _____

Submit printed completed form to the Office, or drop it in the collection basket at Mass.

For additional family members, submit information on the back of this sheet.

Form dated: 03/12/24