



2215 Opdyke Rd, Bloomfield Hills, MI 48304
248-644-5460, www.sthugo.org

PARISH REGISTRATION FORM

For Office Use Only: (Please initial and date)
Registration Date: 1. Parish Admin _____
2. Acc Rec _____
3. Marriage _____
Envelope No: Admin _____
Online Giving ☐ Envelopes needed ____ Yes ____ No

Welcome to St. Hugo of the Hills! Whether you come from afar or have been our neighbor for years, we welcome you! What brings you to St. Hugo? ☐ Moved to area ☐ Baptism
☐ Marriage ☐ School ☐ Would like to become Catholic ☐ Other: _____
If you are coming from another parish within the Archdiocese of Detroit, please list parish name: _____
By registering at St. Hugo of the Hills, you indicate that you wish St. Hugo to be your *Home* parish (per Archdiocesan guidelines, you may only have one *Home* parish, but may be active in multiple parishes).

Name for Mailings and Directory: _____
Please include titles: Examples: Mr. & Mrs. John Doe, Mr. John & Dr. Jane Smith, Ms. Jane Doe
Address: _____ City: _____
State: _____ Zip: _____
Main Contact Phone No: _____

Annually, we publish a parish directory with all parishioner family names included. Please check any additional information you would like included with your name:
☐ Address ☐ Main Contact Phone No.

Marital Status: ☐ Single ☐ Engaged ☐ Married
☐ Widowed ☐ Divorced

*By providing an email address below, you agree that St. Hugo of the Hills Parish may contact you at this address with parish-wide email messages including notes from the pastor, weekly happenings, sympathy offerings, etc.

Household Member Information

☐ Individual ☐ Husband ☐ Wife
Last Name: _____
First Name: _____
Nick Name: _____
Middle Name: _____
Maiden Name (if applicable): _____
Birthdate: _____
Birthplace (City/State): _____
Occupation: _____
*Email Address: _____
Cell Phone No: _____
Religion: CATHOLIC (Choose RITE)
☐ Catholic-Latin Rite ☐ Catholic-Eastern Rite
(if Eastern rite, please check which Eastern Rite)
☐ Byzantine ☐ Chaldean ☐ Maronite ☐ Other Eastern

Sacraments Received: ☐ Baptism ☐ First Communion
☐ Confirmation ☐ Marriage
Name of Church of Baptism _____
and City/State located: _____
OTHER/CHRISTIAN RELIGION: please list denomination: _____

Household Member Information

☐ Individual ☐ Husband ☐ Wife
Last Name: _____
First Name: _____
Nick Name: _____
Middle Name: _____
Maiden Name (if applicable): _____
Birthdate: _____
Birthplace (City/State): _____
Occupation: _____
*Email Address: _____
Cell Phone No: _____
Religion: CATHOLIC (Choose RITE)
☐ Catholic-Latin Rite ☐ Catholic-Eastern Rite
(if Eastern rite, please check which Eastern Rite)
☐ Byzantine ☐ Chaldean ☐ Maronite ☐ Other Eastern

Sacraments Received: ☐ Baptism ☐ First Communion
☐ Confirmation ☐ Marriage
Name of Church of Baptism _____
and City/State located: _____
OTHER/CHRISTIAN RELIGION: please list denomination: _____

By the age of twenty-five (25), it is expected that children have their own parish membership. Please list children who are dependent, single and not registered in another parish.

CHILD 1 ☐ Male ☐ Female

First Name: _____

Nick Name: _____

Middle Name: _____

Last Name: _____

Birthdate: _____

Birthplace: _____
(City/State)

Religion:

CATHOLIC (Choose RITE)

☐ Catholic-Latin Rite

☐ Catholic-Eastern Rite *(if Eastern rite, please check which Eastern Rite below)*

☐ Byzantine ☐ Chaldean ☐ Maronite

☐ Other Eastern

Sacraments Received:

☐ Baptism

☐ First Communion

☐ Confirmation

Church Baptized at:

Name: _____

City/State: _____

OTHER CHRISTIAN RELIGION:

☐ Please list religious denomination

CHILD 2 ☐ Male ☐ Female

First Name: _____

Nick Name: _____

Middle Name: _____

Last Name: _____

Birthdate: _____

Birthplace: _____
(City/State)

Religion:

CATHOLIC (Choose RITE)

☐ Catholic-Latin Rite

☐ Catholic-Eastern Rite *(if Eastern rite, please check which Eastern Rite below)*

☐ Byzantine ☐ Chaldean ☐ Maronite

☐ Other Eastern

Sacraments Received:

☐ Baptism

☐ First Communion

☐ Confirmation

Church Baptized at:

Name: _____

City/State: _____

OTHER CHRISTIAN RELIGION:

☐ Please list religious denomination

CHILD 3 ☐ Male ☐ Female

First Name: _____

Nick Name: _____

Middle Name: _____

Last Name: _____

Birthdate: _____

Birthplace: _____
(City/State)

Religion:

CATHOLIC (Choose RITE)

☐ Catholic-Latin Rite

☐ Catholic-Eastern Rite *(if Eastern rite, please check which Eastern Rite below)*

☐ Byzantine ☐ Chaldean ☐ Maronite

☐ Other Eastern

Sacraments Received:

☐ Baptism

☐ First Communion

☐ Confirmation

Church Baptized at:

Name: _____

City/State: _____

OTHER CHRISTIAN RELIGION:

☐ Please list religious denomination

EASTERN RITE CATHOLICS ADULT MEMBERS: (Byzantine, Chaldean, Maronite, Other)

- I UNDERSTAND THAT IF I AM A MEMBER OF A CATHOLIC EASTERN RITE AND MY CHILDREN ARE BAPTIZED IN THIS RITE, I SHOULD ALSO BE REGISTERED IN A PARISH OF THAT RITE, WHICH WOULD BE MY HOME PARISH.
- **AS AN ACTIVE CATHOLIC EASTERN RITE PARTICIPANT AT ST. HUGO, I UNDERSTAND THAT I MAY RECEIVE THE SACRAMENTS OF RECONCILIATION, ANOINTING OF THE SICK AND THE EUCHARIST. THE SACRAMENTS OF BAPTISM, CONFIRMATION AND MARRIAGE MAY NOT BE RECEIVED IN A LATIN RITE PARISH (Canon Law/ Diocesan Guidelines)**
- I UNDERSTAND THAT IF MY CHILD(ren) ATTEND ST. HUGO SCHOOL, I CAN APPLY FOR THE PARISHIONER TUITION RATE IF I COMPLETE AN ANNUAL VERIFICATION FORM SIGNED BY MY HOME PARISH.

SACRAMENT OF MARRIAGE:

I UNDERSTAND THERE IS A SEPARATE WEDDING POLICY IN THE EVENT THAT I OR A FAMILY MEMBER (SON/DAUGHTER) WISH TO BE MARRIED AT ST. HUGO. A COPY OF THIS POLICY IS INCLUDED IN THE REGISTRATION PACKET.

Date: _____

Signature of Newly Registered Parish Member: _____

Staff or Volunteer Initials: _____