

Our Lady of the Angels Registration Form

ID Number: _____

Family Name: _____ Address: _____

City (Town) and State: _____ Zip Code: _____ Phone: _____ Listed ____ Unlisted ____

Date Registered: _____ Parish Envelopes: Yes ____ No ____

Number of Members: _____ E- mail address: _____

Remarks: _____

Male

Name: _____
First Middle
Last

Marital Status: Single ____ Married ____ Divorced: ____ Widowed ____

Religion: _____ Handicap: _____

Language(s): _____ Occupation: _____

Date & Place of Birth: _____

Baptism: _____
place and date if known

Eucharist: _____
place and date if known

Confirmation: _____
place and date if known

Reconciliation: _____
place and year if known

Marriage: _____
place and date if known

Remarks: _____

Female

Name: _____
First Middle
Maiden Name

Marital Status: Single: ____ Married: ____ Divorced: ____ Widowed: ____

Religion: _____ Handicap: _____

Language(s): _____ Occupation: _____

Date & Place of Birth: _____

Baptism: _____
place and date if known

Eucharist: _____
place and date if known

Confirmation: _____
place and date if known

Reconciliation: _____
place and year if known

Marriage: _____
place and date if known

Remarks: _____

Child 1

Name: _____
First: _____ Middle: _____
Last: _____

Date and Place of Birth: _____

Religion: _____ Handicap: _____

Language(s): _____ Male: _____ Female: _____

School: _____ Grade: _____

Baptism: _____
place and date

Eucharist: _____
place and date

Confirmation: _____
place and date

Reconciliation: _____
place and year

Child 2

Name: _____
First _____ Middle _____
Last _____

Date and Place of Birth: _____

Religion: _____ Handicap: _____

Language(s): _____ Male: _____ Female: _____

School: _____ Grade: _____

Baptism: _____
place and date

Eucharist: _____
place and date

Confirmation: _____
place and date

Reconciliation: _____
place and date

Child 3

Name: _____
First _____ Middle _____
Last _____

Date and Place of Birth: _____

Religion: _____ Handicap: _____

Language(s): _____ Male _____ Female: _____

School: _____ Grade: _____

Baptism: _____
place and date

Eucharist: _____
place and date

Confirmation: _____
place and date

Reconciliation: _____
place and date

Child 4

Name: _____
First _____ Middle _____
Last _____

Date and Place of Birth: _____

Religion: _____ Handicap: _____

Language(s): _____ Male: _____ Female: _____

School: _____ Grade: _____

Baptism: _____
place and date

Eucharist: _____
place and date

Confirmation: _____
place and date

Reconciliation: _____
place and date