REGISTRATION FORM FOR OUR LADY OF ANGELS CATHOLIC CHURCH

PLEASE PRINT, USING LEGAL NAMES **TODAYS DATE:**

LAST NAME	STREET ADDRESS APT#	CITY & ZIP CODE	PHONE# LISTED UNLISTED

FAMILY ETHNICITY: WHITE BLACK HISPANIC ASIAN Other _____

LANGUAGE(s) SPOKEN: _____

HEADS OF HOUSEHOLD (First & Last Legal Names)	Nickname/ Name called	D.O.B. M/D/Y	Religion	Baptized Y/N	Confirm Y/N	Marital Status M/S/D/W
(male)						
(female) (maiden name)						

IF MARRIED, IS YOUR MARRIAGE RECOGNIZED BY THE CATHOLIC CHURCH? YES NO Date married?_____

OTHERS LIVING IN THE HOME First and Middle Names	M/F	School Grade	D.O.B. M/D/Y	Religion	Baptized Y/N	1st Comm Y/N	Confirmed Y/N	Last Name If Different From Family Name

PLEASE CONTINUE ON REVERSE SIDE

OFFICE USE ONLY: ENV#

FORMER PARISH: _____

_____

(City) (State)

Head of Household's Occupation and Company Name:	
Cell Phone #:	Work Number:
Email Address:	
Training / Skills / Talents:	

Other Head of Household's Occupation and Company Name:	
Cell Phone #:	Work Number:
Email Address:	
Training / Skills / Talents:	

What time do you attend Mass? ___ 5:00 pm Saturday, ___ 9:00 am Sunday, ___ 11:00 am Sunday, ___ 5:00 pm Sunday
How will you support the Parish financially? ___ Online Giving, ___ Parish Support Envelopes, ___ Cash or Checks
A member of our Welcome Committee will be in contact with you. Would you like them to: ___ phone, ___email, ___ text