



Our Lady of the Miraculous Medal Household Registration Form

FAMILY INFORMATION

Last Name - Head of Household or First Adult: _____

First Name - Head of Household or First Adult: _____

Last Name - Spouse or Second Adult: _____

First Name - Spouse of Second Adult: _____

Address: _____ **City:** _____ **Zip:** _____

Email Address: _____

Cell Phone: _____ **Home Phone:** _____

Title Preferred on Correspondence (Circle One):

Mr. Mrs. Mr. & Mrs. Ms. Other

Marital Status (Circle One):

Catholic Marriage Civil Marriage Single
Widow Separated Divorced Annulled

Church Attendance (Circle One):

Regular Frequent Occasional Seldom

Church Envelopes (Circle One):

Will Use Will Not Use

For Office Use Only

Date: _____

Envelope: _____

New Parishioner: _____

Registered Parishioner: _____



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MEMBER INFORMATION

Please complete one form for EACH member of your family

Last Name: _____

First Name: _____

Title _ Circle one:

Mr. Mrs. Ms. Miss Dr. Other: _____

Suffix (examples - Jr., Sr., II, III): _____

Date of Birth: _____

Gender: ___ Male ___ Female

Marital Status: _____

Relationship in Family: _____

Marriage in Catholic Church: yes no

Language/s:

Divorce - Annulment Receives: yes no

1st _____ 2nd _____

Date of Marriage: _____

Occupation: _____

Religion: _____

Place of Employment: _____

Education (Highest Grade, Degree, etc): _____

Complete for elementary and high school students

School Name: _____

Grade: _____

Hobbies/Interests: _____

Sacrament Information

Baptism ___ Yes ___ No

_____ Complete if Possible - Date, Church, City, State

First Reconciliation ___ Yes ___ No

_____ Complete if Possible - Date, Church, City, State

First Communion ___ Yes ___ No

_____ Complete if Possible - Date, Church, City, State

Confirmation ___ Yes ___ No

_____ Complete if Possible - Date, Church, City, State

Marriage ___ Yes ___ No

_____ Complete if Possible - Date, Church, City, State