

# OLR PARISH REGISTRATION FORM

*Forms may be placed in the Sunday Mass collection basket or mailed to: OLR Catholic Mission P.O. Box 74 Crozet, VA 22932*

Check One: <input type="radio"/> New Registration <input type="radio"/> Information Update	Were you previously registered or currently active in another parish in the Richmond Diocese? <input type="radio"/> Previously registered Parish Name: _____ <input type="radio"/> Currently active Location: _____
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Registrant \_\_\_\_\_ Title: \_\_\_\_\_ Gender: \_\_\_\_\_  

Last Name
First Name
Middle Name
Mr. Mrs. Ms. Dr. etc.
M/F

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Birth Date Occupation Languages (Primary/Others)

Religion: \_\_\_\_\_ Sacraments:  Baptism  Communion  Confirmation  
 Catholic Marriage  Other Marriage

Ethnicity/Race:  Asian  African American  Hispanic  Caucasian  Other \_\_\_\_\_

Spouse \_\_\_\_\_ Title: \_\_\_\_\_ Gender: \_\_\_\_\_  

Last Name
First Name
Middle Name
Mr. Mrs. Ms. Dr. etc.
M/F

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Birth Date Occupation Languages (Primary/Others)

Religion: \_\_\_\_\_ Sacraments:  Baptism  Communion  Confirmation  
 Catholic Marriage  Other Marriage

Ethnicity/Race:  Asian  African American  Hispanic  Caucasian  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_  

Street Address
City, State
Zip Code

Subdivision: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
 Primary Phone *Do Not List*  Alternate Phone *Do Not List*

\_\_\_\_\_  
 Email Address Email Address

How would you prefer to be contacted and/or receive news? (Check all that apply)	<input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Text: _____
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## JOINING A MINISTRY

*How would you like to be involved? What ministry/ministries are you interested in or wish to learn more about? Please prayerfully consider joining one or more of our ministries to become more fully involved in our faith community.*

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| <ul style="list-style-type: none"> <li>● Altar Flower Ministry</li> <li>● Faith Formation / RCIA &amp; Baptism Ministry</li> <li>● Communications Ministry</li> <li>● Finance Ministry</li> <li>● Haiti Ministry</li> <li>● Homebound Ministry</li> <li>● Leadership Ministry</li> </ul> | <ul style="list-style-type: none"> <li>● Music/Choir/Sound/Livestream Ministry</li> <li>● Office Support Ministry (as needed)</li> <li>● Parish Life Ministry</li> <li>● Stewardship Ministry</li> <li>● Social Outreach Ministry</li> <li>● Women's Group Ministry</li> <li>● Worship / Liturgy Ministry</li> </ul> |
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**Please complete the household information on the back of the form for your children or other adults living with you.**

# HOUSEHOLD MEMBER INFORMATION

*Enter people who are presently residing in your home or temporarily away at college or military duty*

	1 Child / Adult	2 Child / Adult	3 Child / Adult	4 Child / Adult	5 Child / Adult
First Name					
Last Name					
Gender					
Date of Birth					
Language					
Race/Ethnicity					
School/Occupation					
Grade					
Disability/ Accommodations <i>(optional/confidential)</i>					
Resides at Home					
<b>SACRAMENTS RECEIVED</b>					
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Penance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catholic Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Use another registration form for additional children.*

*ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE: Our parish realizes there might be different special needs for many families. For example: multigenerational households, homebound family members, allergies, mobility issues, seating requests, hearing or sight impairment, etc. We will try our best to assist.*