

# Our Lady of Grace Catholic Church

9900 E 191st St, Noblesville, IN 46060

(317) 773-4275 ♦ (317) 773-9344 fax ♦ ChurchOffice@ologn.org

## Family Registration

Welcome! Please print clearly and fill in all boxes  
as the following information will help us to better serve your family.

Family Last Name:		Main Phone:	( )
Street Address:			
City:	State:	Zip:	

### Head of Household

First:	Middle:	Last:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.		
Nickname:			Maiden Name:					
Cell Phone:	( )	Work Phone:	( )					
Email Address:								
Occupation:			First Language:			Married by		
Employer:			Marital Status:			Priest/Deacon? <input type="checkbox"/>		
DOB:	/ /		(Single, Married, Separated, Divorced, Annulled, Widowed)					
		(mm/dd/yyyy)						
Catholic?	<input type="checkbox"/>	Have you received:	Baptism?	<input type="checkbox"/>	First Eucharist?	<input type="checkbox"/>	Confirmation?	<input type="checkbox"/>

### Spouse

First:	Middle:	Last:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.		
Nickname:			Maiden Name:					
Cell Phone:	( )	Work Phone:	( )					
Email Address:								
Occupation:			Allergies:					
Employer:			First Language:					
DOB:	/ /							
		(mm/dd/yyyy)						
Catholic?	<input type="checkbox"/>	Have you received:	Baptism?	<input type="checkbox"/>	First Eucharist?	<input type="checkbox"/>	Confirmation?	<input type="checkbox"/>

### Parish Giving

- ♦ Our parish uses [www.FaithDirect.net](http://www.FaithDirect.net) for electronic giving. Would you like more information?
- ♦ Would you like to receive weekly contribution envelopes?

### Special Needs

- ♦ Would anyone in your household like to be visited by a priest? \_\_\_\_\_
- ♦ Is anyone in your household in need of a sacrament? \_\_\_\_\_
- ♦ Does anyone in your household have any special challenges? (e.g. wheelchair, hearing, sight, shut-in, etc.) \_\_\_\_\_

**See Reverse for Children in Same Household**

Please use a second form to list any additional members of your household.

# Children in the Household

Relationship to Head:	<input type="text"/>	(Child, Grandchild, Sibling, etc.)			
First:	<input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>		
Nickname:	<input type="text"/>	DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(mm/dd/yyyy)	
Birthplace:	<input type="text"/>	Male/Female	<input type="text"/>		
First Language:	<input type="text"/>	Email:	<input type="text"/>		
Current School:	<input type="text"/>				
Catholic?	<input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>

Relationship to Head:	<input type="text"/>	(Child, Grandchild, Sibling, etc.)			
First:	<input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>		
Nickname:	<input type="text"/>	DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(mm/dd/yyyy)	
Birthplace:	<input type="text"/>	Male/Female	<input type="text"/>		
First Language:	<input type="text"/>	Email:	<input type="text"/>		
Current School:	<input type="text"/>				
Catholic?	<input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>

Relationship to Head:	<input type="text"/>	(Child, Grandchild, Sibling, etc.)			
First:	<input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>		
Nickname:	<input type="text"/>	DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(mm/dd/yyyy)	
Birthplace:	<input type="text"/>	Male/Female	<input type="text"/>		
First Language:	<input type="text"/>	Email:	<input type="text"/>		
Current School:	<input type="text"/>				
Catholic?	<input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>

Relationship to Head:	<input type="text"/>	(Child, Grandchild, Sibling, etc.)			
First:	<input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>		
Nickname:	<input type="text"/>	DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(mm/dd/yyyy)	
Birthplace:	<input type="text"/>	Male/Female	<input type="text"/>		
First Language:	<input type="text"/>	Email:	<input type="text"/>		
Current School:	<input type="text"/>				
Catholic?	<input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>

Relationship to Head:	<input type="text"/>	(Child, Grandchild, Sibling, etc.)			
First:	<input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>		
Nickname:	<input type="text"/>	DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(mm/dd/yyyy)	
Birthplace:	<input type="text"/>	Male/Female	<input type="text"/>		
First Language:	<input type="text"/>	Email:	<input type="text"/>		
Current School:	<input type="text"/>				
Catholic?	<input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>

Relationship to Head:	<input type="text"/>	(Child, Grandchild, Sibling, etc.)			
First:	<input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>		
Nickname:	<input type="text"/>	DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(mm/dd/yyyy)	
Birthplace:	<input type="text"/>	Male/Female	<input type="text"/>		
First Language:	<input type="text"/>	Email:	<input type="text"/>		
Current School:	<input type="text"/>				
Catholic?	<input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>