

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:			Bachelor/Maiden Name:								
Cell Phone:	()		Work Phone:	()							
Email Address:											
Occupation:			Preferred 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:			Bachelor/Maiden Name:								
Cell Phone:	()		Work Phone:	()							
Email Address:											
Occupation:			Preferred Language:								
Employer:											
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 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: (Child, Grandchild, Sibling, etc.)

First: Middle: Last:

Nickname: DOB: / / (mm/dd/yyyy)

Birthplace: Male/Female

Preferred Language: Current School:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

First: Middle: Last:

Nickname: DOB: / / (mm/dd/yyyy)

Birthplace: Male/Female

Preferred Language: Current School:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

First: Middle: Last:

Nickname: DOB: / / (mm/dd/yyyy)

Birthplace: Male/Female

Preferred Language: Current School:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

First: Middle: Last:

Nickname: DOB: / / (mm/dd/yyyy)

Birthplace: Male/Female

Preferred Language: Current School:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

First: Middle: Last:

Nickname: DOB: / / (mm/dd/yyyy)

Birthplace: Male/Female

Preferred Language: Current School:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

First: Middle: Last:

Nickname: DOB: / / (mm/dd/yyyy)

Birthplace: Male/Female

Preferred Language: Current School:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?