

# 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.

<b>Family Last Name:</b>		<b>Main Phone:</b>	( )
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip:</b>	

### Head of Household

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

### Spouse

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

### Parish Giving

- ♦ Our parish offers electronic giving through OSV. 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.) \_\_\_\_\_

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**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:  Date of Birth:  /  /  (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:  Date of Birth:  /  /  (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:  Date of Birth:  /  /  (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:  Date of Birth:  /  /  (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:  Date of Birth:  /  /  (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:  Date of Birth:  /  /  (mm/dd/yyyy)

Birthplace:  Male/Female

Preferred Language:  Current School:

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