

for office use only: Date of Registration: ___/___/___ Envelope# _____ Letter Sent OSV

please check one box: *I prefer to use on-line giving. Yes*
Or I prefer to receive traditional contribution envelopes. Yes

HEAD OF HOUSEHOLD

SPOUSE

LAST NAME _____

LAST NAME _____

Name _____
First Middle Last

Name _____
First Middle Last

Maiden Name _____

Maiden Name _____

Sex: M F DOB: ___/___/___

Sex: M F DOB: ___/___/___

Address _____
Street

Address _____
Street

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-mail Address _____

E-mail Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Catholic: Yes No

Catholic: Yes No

Baptized: Yes No

Baptized: Yes No

First Communion: Yes No

First Communion: Yes No

Confirmed: Yes No

Confirmed: Yes No

Marital Status _____ Date of Marriage ___/___/___

Marital Status _____ Date of Marriage ___/___/___

We were married at _____

We were married at _____

Emergency Contact _____
Name

Emergency Contact _____
Name

Phone _____

Phone _____

Child's Name First, Middle, Last	Date of Birth / School	Baptism/First Communion/Confirmation (please circle the Sacraments received)
		Baptism First Communion Confirmation
		Baptism First Communion Confirmation
		Baptism First Communion Confirmation
		Baptism First Communion Confirmation