



Our Lady of the Angels Catholic Church

Registration Form

(Please Print)

Last Name: _____ Suffix: Jr. Sr. II III Other: _____

First Name: _____ Title: Mr. Mrs. Ms. Dr. Other: _____

Spouse: _____ Title: Mr. Mrs. Ms. Dr. Other: _____

(Please indicate your family preference regarding how your family name appears on mailing labels)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (_____) _____

Permission to publish address & phone
in parish directory

Other type: (pager, fax, etc.) _____

YES NO

Cellular: (_____) _____

Email Address: _____

FAMILY STATUS: Marital Status: Single Married Divorced Widowed

If married, were you married by a priest or deacon? YES NO Marriage Date: _____

Place of Marriage: (church/city) _____

Staff Use Only

Envelope No. _____ New Registration Previous Registration

Adult Household Members:

Name: _____ Maiden Name (if applicable): _____

Date of Birth: _____ Occupation: _____

Work Phone: (____) _____ Email: _____

Baptized: YES NO Catholic: YES NO Church: _____

Eucharist: YES NO Confirmed YES NO SEX: Male Female

Name: _____ Maiden Name (if applicable): _____

Date of Birth: _____ Occupation: _____

Work Phone: (____) _____ Email: _____

Baptized: YES NO Catholic: YES NO Church: _____

Eucharist: YES NO Confirmed YES NO SEX: Male Female

(CHILDREN INFORMATION)

Child's Name: _____ Birthday: _____

Sacraments (check if received add date if known)

Baptized	Catholic	1 st Eucharist	Reconciliation	Confirmation
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Church of baptism: _____ City/State: _____

Child's Name: _____ Birthday: _____

Sacraments (check if received add date if known)

Baptized	Catholic	1 st Eucharist	Reconciliation	Confirmation
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Church of baptism: _____ City/State: _____

Child's Name: _____ Birthday: _____

Sacraments (check if received add date if known)

Baptized	Catholic	1 st Eucharist	Reconciliation	Confirmation
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Church of baptism: _____ City/State: _____