

REGISTRATION FORM FOR OUR LADY OF ANGELS CATHOLIC CHURCH

***PLEASE PRINT USING LEGAL NAMES ***

Today's Date: _____

LAST NAME	STREET ADDRESS	APT#	CITY & ZIP CODE	PHONE #	LISTED	UNLISTED
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FAMILY ETHNICITY: WHITE BLACK HISPANIC ASIAN Other _____

LANGUAGE(S) SPOKEN: _____

HEADS OF HOUSEHOLD (First & Middle Legal Names)	Nickname/ Name called	D.O.B. M/D/Y	Religion	Baptized? Y/N	Confirmed? Y/N	Marital Status M/S/D/W
(male)						
(female) (maiden name)						

IF MARRIED, IS YOUR MARRIAGE RECOGNIZED BY THE CATHOLIC CHURCH? YES NO Date married? _____

OTHERS LIVING IN HOME First and Middle Names	M/ F	D.O.B. M/D/Y	Religion	Baptized? Y/N	1st Comm. Y/N	Confirmed? Y/N	Last Name If Different From Family Name

PLEASE CONTINUE ON BACKSIDE

OFFICE USE ONLY: ENV # _____

Former Parish: _____

(City) (State)

Head of Household's Occupation and Company Name:	
Cell Phone #:	Work Number:
E-mail Address:	
Training / Skills / Talents:	

Other Head of Household's Occupation and Company Name:	
Cell Phone #:	Work Number:
E-mail Address:	
Training / Skills / Talents:	

How did you hear about Our Lady of Angels (OLA)?

Postcard/Mailing? _____ ***Internet Site?*** _____ ***Referral?*** _____
Other? _____