



OUR LADY OF THE MIRACULOUS MEDAL CHURCH

PARISH REGISTRATION FORM

TODAY'S DATE	FAMILY NAME			MAILING ADDRESS				
EMAIL ADDRESS				ALTERNATE ADDRESS				
PRIMARY PHONE NUMBER				ALTERNATE PHONE NUMBER				
RESIDENCY <input type="checkbox"/> PERMANENT/YEAR-ROUND <input type="checkbox"/> SEASONAL			WOULD YOU LIKE ENVELOPES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU HAVE SCHOOL-AGE CHILDREN, WOULD LIKE YOU TO ENROLL THEM IN OUR RELIGIOUS EDUCATION PROGRAM? <input type="checkbox"/> YES			
NAME OF FAMILY MEMBERS (LIST ONLY THOSE LIVING WITH YOU; INCLUDE LAST NAME IF DIFFERENT)	DATE OF BIRTH	PLACE OF BIRTH	RELIGION AFFILIATION	BAPTISM (YES/NO)	1ST COMMUNION (YES/NO)	CONFIRMATION (YES/NO)	CATHOLIC MARRIAGE (YES/NO)	OCCUPATION/ SCHOOL GRADE LEVEL
SELF								
SPOUSE								
CHILDREN:								
NAMES OF OTHERS LIVING WITH YOU AND RELATIONSHIP								
ARE THERE ANY MINISTRY AREAS IN THE PARISH OF INTEREST TO YOU?					DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS (CARPENTRY, GARDENING, SECRETARIAL, ETC) YOU WOULD LIKE TO SHARE WITH THE PARISH?			
IS THERE ANY WAY WE CAN BE OF ASSISTANCE TO YOU?								
SIGNATURE					DATE			