

Our Lady Of Lourdes Parish Registration Form

Please print clearly

For Office Use Only

Last Name _____
 First Name - Head of House _____ D.O.B _____
 First Name - Spouse _____ D.O.B _____
 Title _____

LMN# _____
 Entered by: _____
 Date: _____
 Update: _____

Name as appears on mail _____
 Street Address _____
 City / State _____ Zip Code _____
 Title _____

Primary Phone _____ Secondary Phone _____
 Other Phone _____

Second Residence _____ Send mail to second address? Yes No
 City / State _____ Zip Code _____
 Second Residence Phone _____ Dates at Second Residence _____ to _____

Marital Status _____ Religion _____ Handicap _____ Ethnicity _____ Language _____
 Occupation _____ Employer _____
 Business Phone _____ Secondary Phone _____

Dependents Name _____ Gender _____ DOB _____
 Name _____ Gender _____ DOB _____
Use reverse side to list additional dependents. Name _____ Gender _____ DOB _____
 Name _____ Gender _____ DOB _____
 Name _____ Gender _____ DOB _____

Sacraments Received	Head of House	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Matrimony (In Catholic Church?) Y N
	Spouse	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation	
Dependents living at home	_____	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation	
	_____	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation	
	_____	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation	
	_____	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation	

Persons 21 and older should be registered individually

In grateful response to God for his generous gifts of time and ability to me, as His steward, I volunteer to return to God, as I am able, my time and ability for Christ's service to Our Lady of Lourdes Parish, as indicated below.

Area of Interest	Yes	No	Name
Altar Servers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Altar Arts & Environment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bingo	<input type="checkbox"/>	<input type="checkbox"/>	_____
Choir: Adult	<input type="checkbox"/>	<input type="checkbox"/>	_____
Choir: Junior	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eucharist Ministers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knights of Columbus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lectors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lourdes Outreach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ministry of Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ushers/Greeters	<input type="checkbox"/>	<input type="checkbox"/>	_____
Christ's Poor & Hungry Apostolate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nursery (9:00am - 11:00am Masses)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Religious Education	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistants/Hall & Traffic Monitors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Senior Club	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____			