

Our Lady of Mt. Carmel Catholic Church Registration

Family Name: _____ Street Address: _____

City: _____ Zip: _____ Home Phone: _____

Home Fax(?): _____ Email(?): _____ Work Ph: (place, #) _____

Single _____ Married by a Catholic Priest _____ Separated _____ Divorced _____ Marriage Annulled _____ Widowed _____

Please check if you want envelopes _____

Date of Registration: _____ FOR OFFICE USE: Envelope # _____ Special: _____

Each Member of the Household First name & initial (Any children over 18 must register separately)	Date of Birth M/D/Y	Family Relationship i.e. husband	Sacraments received? B=Baptism, R= Confession, E= First Communion C= Confirmation. (NC= Non-Catholic)	Occupation or School
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

