

NEW MEMBER REGISTRATION
Our Lady of the Lakes Catholic Congregation

For Office Use Only
Date Registered _____
Envelope No _____

FAMILY (LAST) NAME _____

TITLE (circle one) Mr. & Mrs. Mr. Mrs. Miss Ms.

ADDRESS _____ P.O. Box _____

CITY/STATE _____ ZIP _____ TELEPHONE _____

E-MAIL ADDRESS _____

MARITAL STATUS (circle one) Single Married Separated Divorced Widowed

IF MARRIED: DATE OF MARRIAGE _____ PLACE/PARISH _____

BY A PRIEST? Yes _____ No _____ If no, was there a church dispensation? Yes _____ No _____

MALE:

FIRST & MIDDLE NAME _____ DATE OF BIRTH _____

RELIGION _____ SPECIAL NEEDS _____

SACRAMENTS RECEIVED: (Yes or No) Baptism _____ Communion _____ Confirmation _____

OCCUPATION _____ EMPLOYER _____

EMPLOYER ADDRESS _____ WORK PHONE _____

FEMALE:

FIRST & MIDDLE NAME _____ DATE OF BIRTH _____

RELIGION _____ SPECIAL NEEDS _____

SACRAMENTS RECEIVED: (Yes or No) Baptism _____ Communion _____ Confirmation _____

OCCUPATION _____ EMPLOYER _____

EMPLOYER ADDRESS _____ WORK PHONE _____

IF MARRIED, YOUR MAIDEN NAME _____

CHILDREN: On the reverse side of this form, enter names of dependent children (living at home or away at school)

CHILD* LAST NAME (if different from FAMILY NAME) _____

FIRST & MIDDLE NAME _____ DATE OF BIRTH _____

SEX (circle one) Male Female RELIGION _____

SACRAMENTS RECEIVED (Yes or No) Baptism _____ Communion _____ Confirmation _____

SPECIAL NEEDS _____

NAME OF SCHOOL CURRENTLY ATTENDING _____

SCHOOL ADDRESS (City & State) _____

GRADE _____ FOR SCHOOL YEAR _____ RELIGIOUS EDUCATION STUDENT _____

PRE-SCHOOL STUDENT _____ If yes, name of school _____

CHILD LAST NAME (if different from FAMILY NAME) _____

FIRST & MIDDLE NAME _____ DATE OF BIRTH _____

SEX (circle one) Male Female RELIGION _____

SACRAMENTS RECEIVED (Yes or No) Baptism _____ Communion _____ Confirmation _____

SPECIAL NEEDS _____

NAME OF SCHOOL CURRENTLY ATTENDING _____

SCHOOL ADDRESS (City & State) _____

GRADE _____ FOR SCHOOL YEAR _____ RELIGIOUS EDUCATION STUDENT _____

PRE-SCHOOL STUDENT _____ If yes, name of school _____

CHILD LAST NAME (if different from FAMILY NAME) _____

FIRST & MIDDLE NAME _____ DATE OF BIRTH _____

SEX (circle one) Male Female RELIGION _____

SACRAMENTS RECEIVED (Yes or No) Baptism _____ Communion _____ Confirmation _____

SPECIAL NEEDS _____

NAME OF SCHOOL CURRENTLY ATTENDING _____

SCHOOL ADDRESS (City & State) _____

GRADE _____ FOR SCHOOL YEAR _____ RELIGIOUS EDUCATION STUDENT _____

PRE-SCHOOL STUDENT _____ If yes, name of school _____