

Our Lady of the Lake Parish Registration * Required Fields

Parish Office

Full Name* _____ Date _____

DOB * _____ / _____ / _____
Month Day Year

Please check all the Sacraments you have received: *

None Baptism First Holy Communion Confirmation

Marital Status *

Single Widowed Divorced

Married -Wedding Anniversary _____ / _____ / _____

Were you married in Catholic Church YES NO

If not, was your marriage validated in a Catholic Church YES NO

If Married: Spouse's Full Name* _____

Spouse's DOB * _____ / _____ / _____ Is Spouse Catholic? * YES NO

Please check all the Sacraments spouse has received: *

None Baptism First Holy Communion Confirmation

Prefer to be contacted by:

Home Phone

Cell Phone

Email

US Postal Mail

Home Street Address _____ City/State/Zip _____

Mailing Address (If different) _____

Home Phone _____ (His) Cell Phone _____ (Her) Cell _____ Work Phone _____

(His) Email Address _____ (Her) Email Address _____

Previous Parish _____ City/State/Zip _____

Would you like to participate in Faith Direct, our EFT Program? YES NO

Print your name as you would like it to appear on your name badge? _____

Design Option: Would you like a Cross or Praying Hands on badge? Attachment Option: Magnet or Pin?
(Spouse)

Print your name as you would like it to appear on your name badge? _____

Design Option: Would you like a Cross or Praying Hands on badge? Attachment Option: Magnet or Pin?

Complete the following for all children under age 18 that are still living in your household.

Use back for additional children

Full Name * _____ Full Name * _____

DOB * _____ / _____ / _____
Month Day Year

Please check all the Sacraments received *

None
 Baptism
 First Holy Communion
 Confirmation

DOB * _____ / _____ / _____
Month Day Year

Please check all the Sacraments received *

None
 Baptism
 First Holy Communion
 Confirmation

Full Name * _____ Full Name * _____

DOB * _____ / _____ / _____
Month Day Year

Please check all the Sacraments received *

None
 Baptism
 First Holy Communion
 Confirmation

DOB * _____ / _____ / _____
Month Day Year

Please check all the Sacraments received *

None
 Baptism
 First Holy Communion
 Confirmation

Complete the following for all children under age 18 that are still living in your household.

Full Name * _____

Full Name * _____

DOB * ____/____/____
Month Day Year

DOB * ____/____/____
Month Day Year

Please check all the Sacraments received *

- None
- Baptism
- First Holy Communion
- Confirmation

Please check all the Sacraments received *

- None
- Baptism
- First Holy Communion
- Confirmation

Full Name * _____

Full Name * _____

DOB * ____/____/____
Month Day Year

DOB * ____/____/____
Month Day Year

Please check all the Sacraments received *

- None
- Baptism
- First Holy Communion
- Confirmation

Please check all the Sacraments received *

- None
- Baptism
- First Holy Communion
- Confirmation

For Office Use Only:

NOTES:

Date Received _____ Envelope # _____

CNC# _____ NINE digit Zip Code _____

Diocese _____ Date _____ Initials _____

Envelopes Ordered _____ Date _____ Initials _____

Name Badge Ordered _____ Date _____ Initials _____

Letter to CNC _____ Date _____ Initials _____

Name Badge Call _____ Date _____ Initials _____

Welcome Call _____ Date _____ Initials _____

Stwrdship Rec'd _____ Date _____ Initials _____

- OLC email Mail Chimp "Looking Ahead" My Maps