

OUR LADY OF GRACE – Registration Form

For Office Use Only

Envelope Number: _____

Area Number: _____

Today's Date _____

Mr. / Mrs. / Ms. _____ Spouse _____

First Last

Street Address _____ P.O. BOX _____

City _____ State _____ Zip _____ Subdivision/Neighborhood Name _____

Home Phone _____ Work Phone _____ E-mail (H) _____ (W) _____

Marital Status: Single () Married () Widowed () Divorced () If Married, Date: _____

	<u>Household Head</u> (M) (F) Shut-in? (Y) (N)	<u>Spouse</u> (M) (F) Shut-in? (Y) (N)	<u>Child</u> (M) (F) Shut-in? (Y) (N)	<u>Child</u> (M) (F) Shut-in? (Y) (N)	<u>Child</u> (M) (F) Shut-in? (Y) (N)	<u>Child</u> (M) (F) Shut-in? (Y) (N)
First Name:						
Last Name:						
Nick Name:						
Religion:						
Languages Spoken:						
Occupation or School:						
Business Phone:						
Birth Date:						
Baptism Date: Church: City/State:						
1 st Communion: (Circle One)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation: (Circle One)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Talents						