

Our Lady of the Falls
Parishioner Registration Form

Parish

Holy Ghost _____ Notre Dame _____ St. Bridget _____ St. Charles _____ St. Peter _____

Head of Household

(last name, first name):

Title *(Circle if used):*

Mr. and Mrs. Mr. Mrs. Miss Ms. Dr. Other: _____

Suffix *(Circle if used):*

Jr. Sr. II III IV Other: _____

First Name – Spouse:

If either spouse is NOT Catholic, please indicate how you would like parish mailings addressed:

Both spouses listed:

Yes/No

Catholic Spouse listed only:

Yes/No:

Primary Residence – Address Information

Street Address: _____

Mailing Address *(if different)*: _____

City, State, Zip: _____

City, State, Zip: _____

Mobile/Primary Phone: _____

Emergency Phone Number: _____

Email Address: _____

Secondary Residence – Address Information

Street Address: _____

Dates at second residence:

From _____ Month _____ Day

to _____ Month _____ Day

City, State, Zip: _____

Send mail to second residence during that time:

_____ Yes _____ No

Mobile/Primary Phone: _____

Head of Household Member Information

Member Nickname: _____ Maiden Name: _____
Date of Birth: _____ Marital Status: _____
Gender: _____ Religion: _____

If you don't know the month/day/year, please approximate the year. If the date is unknown, at least indicate with a "yes" if the sacrament was received. The name of the church is very helpful if known.

Baptism:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____
1 st Communion:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____
1 st Reconciliation:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____
Confirmation:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____
Marriage:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____

For Office Use Only:

Date Registered: _____

Registration Information Entered: _____

Registration Packet Provided: _____

Spouse Member Information

Spouse (last name, first name): _____

Title (Circle if used): Mr. and Mrs. Mr. Mrs. Miss Ms. Dr. Other: _____

Suffix (Circle if used): Jr. Sr. II III IV Other: _____

Member Nickname: _____ Maiden Name: _____
Date of Birth: _____ Marital Status: _____
Gender: _____ Religion: _____
Email address: _____

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1 st Reconciliation:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____
Confirmation:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____
Marriage:	Yes/No	Date:	_____	Church Name:	_____	City, State:	_____

Child (under 18) Member Information

Name (last name, first name): _____

Member Nickname: _____

Religion: _____

Date of Birth: _____

Grade: _____

Gender: _____

School: _____

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