

Church of Our Lady of the Angels — Registration Form (rev. 121107)

<<< PLEASE PRINT CLEARLY >>>

Date		<input type="checkbox"/> I am registering for the first time		<input type="checkbox"/> I am updating my registration		Primary Surname						
Local Address				City		State			ZIP			
Home Phone		Part-time resident? Y N		If yes, months here: Jan Feb		Mar Apr May Jun Jul Aug		Sep Oct Nov Dec				
Adult 1	First Name		M.I.	Last Name		Gender	Birthdate (mm/dd/yy)		Relation to "Adult 1" (self)		Special Needs / Other	
	Occupation				Work Phone		Cell Phone					
	E-mail Address *				Emergency Contact name, relation, and phone							
	Sacraments Received <small>please include month/year received, church name, and church city/state</small>											
Baptism			First Reconciliation		First Eucharist		Confirmation		Marriage			
Adult 2	First Name		M.I.	Last Name		Gender	Birthdate (mm/dd/yy)		Relation to "Adult 1"		Special Needs / Other	
	Occupation				Work Phone		Cell Phone					
	E-mail Address *				Emergency Contact name, relation, and phone							
	Sacraments Received <small>please include month/year received, church name, and church city/state</small>											
Baptism			First Reconciliation		First Eucharist		Confirmation		Marriage			
Child 1	First Name		M.I.	Last Name		Gender	Birthdate (mm/dd/yy)		Relation to "Adult 1"			
	School Attending				Grade Level		Emergency Contact name, relation, and phone					
	Sacraments Received <small>please include month/year received, church name, and church city/state</small>											
Baptism			First Reconciliation		First Eucharist		Confirmation		Special Needs / Other			

<<< additional spaces on reverse side of form >>>

* E-mail opt-in: by providing an e-mail address, you are agreeing to receive e-mail communication from the Church of Our Lady of the Angels and from the Franciscan Renewal Center.

Privacy notice: all information collected is for the sole use of the Church of Our Lady of the Angels and of the Franciscan Renewal Center and will not be sold or redistributed for any other purpose.

Office Use Only: Received by _____ on _____ || Welcome Packet || Envelopes: # _____ || Entered by _____ on _____

Child 2	First Name	M.I.	Last Name	Gender	Birthdate (mm/dd/yy)	Relation to "Adult 1"	
	School Attending			Grade Level	Emergency Contact <i>name, relation, and phone</i>		
	Sacraments Received <i>please include month/year received, church name, and church city/state</i>						Special Needs / Other
Baptism	First Reconciliation		First Eucharist		Confirmation		
Child 3	First Name	M.I.	Last Name	Gender	Birthdate (mm/dd/yy)	Relation to "Adult 1"	
	School Attending			Grade Level	Emergency Contact <i>name, relation, and phone</i>		
	Sacraments Received <i>please include month/year received, church name, and church city/state</i>						Special Needs / Other
Baptism	First Reconciliation		First Eucharist		Confirmation		
Child 4	First Name	M.I.	Last Name	Gender	Birthdate (mm/dd/yy)	Relation to "Adult 1"	
	School Attending			Grade Level	Emergency Contact <i>name, relation, and phone</i>		
	Sacraments Received <i>please include month/year received, church name, and church city/state</i>						Special Needs / Other
Baptism	First Reconciliation		First Eucharist		Confirmation		
Child 5 / Other Resident	First Name	M.I.	Last Name	Gender	Birthdate (mm/dd/yy)	Relation to "Adult 1"	Special Needs / Other
	School Attending / Occupation			Grade Level / Work Phone		Cell Phone <i>(if Other Resident)</i>	
	E-mail Address * <i>(if Other Resident)</i>			Emergency Contact <i>name, relation, and phone</i>			
	Sacraments Received <i>please include month/year received, church name, and church city/state</i>						Marriage
Baptism	First Reconciliation		First Eucharist		Confirmation		

<<< please use a second form for additional family members >>>

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