

Our Lady of the Miraculous Medal Parish

Parish Registration

Date _____

Family Last Name _____ **Primary Phone** _____

Street _____ **Apt#** _____ **Email** _____
(used for parish communications)

City _____ **State** _____ **Zip** _____

If transferring from a local Catholic parish, please name it here _____
(Church Name) (Church City)

Adult Male / Female Single Married Widowed Divorced Annulled Maiden Name _____

 First Name Middle Name Last Name Birth Date Date of Marriage

 Occupation Work Phone Cell Phone Email

Sacraments Received Baptism Eucharist Confirmation _____
Religious Affiliation

Adult Male / Female Single Married Widowed Divorced Annulled Maiden Name _____

 First Name Middle Name Last Name Birth Date Date of Marriage

 Occupation Work Phone Cell Phone Email

Sacraments Received Baptism Eucharist Confirmation _____
Religious Affiliation

Unmarried Children Living at Home (Include College Students)

Full Name	M/F	Birth Date	Sacraments (Check those rec'd)			Special Needs?	School Attending	Grade
			Baptism	First Eucharist	Confirmation			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Elderly Family Living with You

Full Name	M/F	Birth Date	Homebound?	Would you like to arrange a Communion Visit?
			<input type="checkbox"/>	
			<input type="checkbox"/>	