## NEW MEMBER REGISTRATION Our Lady of the Lakes Catholic Congregation

For Office Use Only
Date Registered Envelope No

FAMILY (LAST) NA	AME					
TITLE (circle one)	Mr. & Mrs.	Mr. Mrs	s. Miss	Ms.		
ADDRESS				P.O.	Box	
CITY/STATE		Z	IP	TELEPHONE _		
E-MAIL ADDRESS						
MARITAL STATUS	(circle one) Sing	le Married	Separated	Divorced	Widowed	
IF MARRIED: DAT	E OF MARRIAGE		PLACE/PARISH			
BY A PRIEST? Ye	s No	If no, was the	nere a church dispe	ensation? Yes_	No	
MALE:						
FIRST & MIDDLE N	JAME			DATE OF BI	RTH	
RELIGION		SPECIAL NEEDS				
SACRAMENTS REC	CEIVED: (Yes or No	o) Baptism	Commun	ion Con	firmation	
OCCUPATION			EMPLO	OYER		
EMPLOYER ADDR	ESS		WORK PHONE			
FEMALE:						
FIRST & MIDDLE N	JAME			DATE OF BI	RTH	
SACRAMENTS REC						
OCCUPATION			EMPI	LOYER		
EMPLOYER ADDR	ESS		WORK PHONE			
IF MARRIED, YOU	R MAIDEN NAME					

CHILDREN: On the reverse side of this form, enter names of dependent children (living at home or away at school)

CHILD* LAST NAME (if different from FAMILY NAME
FIRST & MIDDLE NAME DATE OF BIRTH
SEX (circle one) Male Female RELIGION
SACRAMENTS RECEIVED (Yes or No) Baptism Communion Confirmation
SPECIAL NEEDS
NAME OF SCHOOL CURRENTLY ATTENDING
SCHOOL ADDRESS (City & State)
GRADE FOR SCHOOL YEAR RELIGIOUS EDUCATION STUDENT
PRE-SCHOOL STUDENT If yes, name of school
CHILD LAST NAME (if different from FAMILY NAME)
FIRST & MIDDLE NAME DATE OF BIRTH
SEX (circle one) Male Female RELIGION
SACRAMENTS RECEIVED (Yes or No) Baptism Communion Confirmation
SPECIAL NEEDS
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SCHOOL ADDRESS (City & State)
GRADE FOR SCHOOL YEAR RELIGIOUS EDUCATION STUDENT
PRE-SCHOOL STUDENT If yes, name of school
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FIRST & MIDDLE NAME DATE OF BIRTH
SEX (circle one) Male Female RELIGION
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