

## OUR LADY OF THE LAKE CATHOLIC PARISH NEW MEMBERSHIP FORM

Last Name \_\_\_\_\_ Main Phone \_\_\_\_\_ Today's Date \_\_\_\_\_ Envelope Number \_\_\_\_\_

First Name (please include titles: Mr. & Mrs., Miss, Dr. etc.) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Parish \_\_\_\_\_ Street & City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE PRINT**

<i>Use legal names for record purposes please</i>	Male, Head of Household		Female, Head of Household		1 <sup>st</sup> Child		2 <sup>nd</sup> Child		3 <sup>rd</sup> Child		4 <sup>th</sup> Child		5 <sup>th</sup> Child	
First Name														
Middle Name														
Last Name (if different)														
Maiden Name														
Gender					<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth														
Religion														
Marital Status*														
Wedding Date														
Cell Phone														
Occupation														
Employer														
Email														
Handicapped/Home-bound?														
Baptism	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1 <sup>st</sup> Reconciliation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	NO	YES	<input type="checkbox"/> NO	YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1 <sup>st</sup> Communion	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Confirmation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	NO	YES	<input type="checkbox"/> NO	YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
School Attending														
Grade in School														
Interested in Religious Ed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

\* Marital status: single, married (civilly and/or in Church), widowed, divorced (annulled by the Church?), cohabiting (living together).