Our Lady of Guadalupe Registration Form

Date _____ (Mo/Day/Yr)

Assigned envelope# _____

Family Name _____ _____ _____

Last First Initial

Mother's Maiden Name

_____ _____

Home Address/Mailing Address

City/State/Zip

Home Phone:_____ Cell Phone:_____ Work Phone:_____

	Sex		Birthday			Sacraments Rec'd					Marital Status					Religion		Handi-cap		Ministries I belong to/Would like to belong to :									Talents
First Name & Initial of Family Member (if last name is different from family name please list)	Male	Female	Month	Day	Year	Baptism	Penance	1st Communion	Confirmation	Marriage/Church:	Married - Date:	Single	Divorced	Separated	Widow	Catholic	Religion if not Catholic	Wheelchair	Shut-in	Altar Server	Marian Movement	Faith Formation - Teacher/Aide	Extra Ordinary of Holy Communion	Lector	Marriage Enrichment	Music/Choir Member	Usher/Hospitality	Youth Group	I would like to volunteer the following skills:
Head																													
Spouse																													
Child																													
Child																													
Child																													
Child																													

First Name	Occupation/Other I.e.: student, retired, unemployed, ect.	Where employed or school name	Current Grade or Highest degree	Member Remarks (work/cell phone, ect.)