

OUR LADY OF PERPETUAL HELP PARISH REGISTRATION

FAMILY NAME _____ DATE: ___/___/___

MAILING ADDRESS _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

ETHNICITY _____

MARITAL STATUS (PLEASE CIRCLE): MARRIED, SINGLE, WIDOWED, SEPARATED, DIVORCED

MARRIAGE DATE ___/___/___ CATHOLIC WEDDING? _____ CHURCH _____

DO YOU HAVE ANY SPECIAL NEEDS OR SITUATIONS THAT YOU WISH TO CALL TO OUR ATTENTION?

PLEASE CIRCLE MINISTRIES YOU OR YOUR FAMILY MAY WANT TO VOLUNTEER FOR:

| | | | |
|----------------|------------------------|-------------------------------------|-------------|
| LECTOR | COMMUNION MINISTER | TEACHER/AIDE IN RELIGIOUS EDUCATION | |
| MUSIC MINISTRY | SOCIAL ACTIVITIES | USHER | YOUTH CHOIR |
| RCIA TEAM | YOUTH MINISTRY | STEWARDSHIP | MAINTENANCE |
| FUNDRAISING | CHURCH ART/ENVIRONMENT | ADULT CHOIR | |

IF YOU HAVE NOT DONE SO, PLEASE INFORM YOUR FORMER PARISH THAT YOU ARE NO LONGER MEMBERS THERE.

CONTINUE ON REVERSE SIDE

7132 ARIZONA AVENUE
HAMMOND, IN 46323
219-844-3438

OLPHPARISH.NET

Envelope# _____

| NAMES (FIRST AND LAST NAME) | BIRTH DAY | RELIGION | BAPTIZED? CHURCH OF BAPTISM | FIRST COMMUNION? | CONFIRMED? | GRADE |
|--------------------------------|--------------|----------|--------------------------------|---------------------|------------|-------|
| HEAD OF HOUSEHOLD | | | | | | |
| SPOUSE (IF APPLICABLE) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DO YOU WANT YOUR CHILDREN IN THE RELIGIOUS EDUCATION PROGRAM? _____

WOULD YOU LIKE TO BE CONTACTED ABOUT AN ADULT BEING BAPTIZED, CONFIRMED OR RECEIVING FIRST COMMUNION? _____

WELCOME TO OUR LADY OF PERPETUAL HELP PARISH!