

Our Lady of Grace Catholic Church

9900 E 191st St, Noblesville, IN 46060

(317) 773-4275 • (317) 773-9344 fax • ChurchOffice@ologn.org

Family Registration

Head of Household

Last Name:		First & Middle Name:	/	
Maiden Name:		Nickname:		
Street Address:				
City:		State:	Zip:	
Cell Phone:	()	Emergency Phone:	()	
Home Phone:	()	Work Phone:	()	
Email Address:				
First Language:		Male/Female		Married by Priest/Deacon? <input type="checkbox"/>
DOB:	/ /	Marital Status:		
	(mm/dd/yyyy)		(Single, Married, Separated, Divorced, Annulled, Widowed)	
Catholic? <input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>

Other Adults in Same Household

Relationship to Head:		(Spouse, Parent, Sibling, etc.)		
Last Name:		First & Middle Name:	/	
Maiden Name:		Nickname:		
Cell Phone:	()	Work Phone:	()	
Email Address:				
First Language:		Male/Female		Married by Priest/Deacon? <input type="checkbox"/>
DOB:	/ /	Marital Status:		
	(mm/dd/yyyy)		(Single, Married, Separated, Divorced, Annulled, Widowed)	
Catholic? <input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>

Relationship to Head:		(Spouse, Parent, Sibling, etc.)		
Last Name:		First & Middle Name:	/	
Maiden Name:		Nickname:		
Cell Phone:	()	Work Phone:	()	
Email Address:				
First Language:		Male/Female:		Married by Priest/Deacon? <input type="checkbox"/>
DOB:	/ /	Marital Status:		
	(mm/dd/yyyy)		(Single, Married, Separated, Divorced, Annulled, Widowed)	
Catholic? <input type="checkbox"/>	Have you received:	Baptism? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>

Please fill in all blank boxes. If you have additional adults in household, please use a second form.

See Reverse for Children in Same Household

Our Lady of Grace uses www.FaithDirect.net for electronic giving. (Our code is IN87.)

Would you like to receive information about Faith Direct? _____

Would you like to receive weekly contribution envelopes instead of Faith Direct? _____

Would your household like to receive the Catholic Moment magazine? _____

(It is free. We encourage you to donate \$22 to cover the cost to the parish for your subscription.)

Are there any members of your household who would like to be visited by a priest? _____

Are there any members of your household in need of a sacrament? _____

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Family Registration

Dependent Children in Same Household

Relationship to Head: (Child, Grandchild, Sibling, etc.)

Last Name: First & Middle Name: /

DOB: / / (mm/dd/yyyy) Nickname:

Birthplace: Male/Female:

Email: First Language:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

Last Name: First & Middle Name: /

DOB: / / (mm/dd/yyyy) Nickname:

Birthplace: Male/Female:

Email: First Language:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

Last Name: First & Middle Name: /

DOB: / / (mm/dd/yyyy) Nickname:

Birthplace: Male/Female:

Email: First Language:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

Last Name: First & Middle Name: /

DOB: / / (mm/dd/yyyy) Nickname:

Birthplace: Male/Female:

Email: First Language:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)

Last Name: First & Middle Name: /

DOB: / / (mm/dd/yyyy) Nickname:

Birthplace: Male/Female:

Email: First Language:

Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Please fill in all blank boxes. If you have additional children, please use a second form.

See Reverse for Adults in Same Household