

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

Welcome! Please print clearly and fill in all boxes
as the following information will help us to better serve your family.

Family Last Name:		Main Phone:	()
Street Address:			
City:		State:	
		Zip:	

Head of Household

First:		Middle:		Last:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.		
Nickname:			Bachelor/Maiden Name:								
Cell Phone:	()		Preferred Language:								
Email Address:											
Occupation:				Marital Status:							
Employer:				<small>(Single, Married, Separated, Divorced, Annulled, Widowed)</small>							
Date of Birth:	/ /					Married by a Priest/Deacon? <input type="checkbox"/>					
		<small>(mm/dd/yyyy)</small>									
Catholic?	<input type="checkbox"/>		Have you received:	Baptism?	<input type="checkbox"/>		First Eucharist?	<input type="checkbox"/>		Confirmation?	<input type="checkbox"/>

Spouse

First:		Middle:		Last:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.		
Nickname:			Bachelor/Maiden Name:								
Cell Phone:	()		Preferred Language:								
Email Address:											
Occupation:											
Employer:											
Date of Birth:	/ /										
		<small>(mm/dd/yyyy)</small>									
Catholic?	<input type="checkbox"/>		Have you received:	Baptism?	<input type="checkbox"/>		First Eucharist?	<input type="checkbox"/>		Confirmation?	<input type="checkbox"/>

Parish Giving

- ♦ Our parish offers electronic giving through OSV. Would you like more information?
- ♦ Would you like to receive weekly contribution envelopes?

Special Needs

- ♦ Would anyone in your household like to be visited by a priest? _____
- ♦ Is anyone in your household in need of a Sacrament? _____
- ♦ Does anyone in your household have any special challenges? (e.g. wheelchair, hearing, sight, shut-in, etc.) _____

See Reverse for Children in Same Household

Please use a second form to list any additional members of your household.

Children in the Household

Relationship to Head: (Child, Grandchild, Sibling, etc.)
First: Middle: Last:
Nickname: Date of Birth: / / (mm/dd/yyyy)
Male/Female Current School:
Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)
First: Middle: Last:
Nickname: Date of Birth: / / (mm/dd/yyyy)
Male/Female Current School:
Catholic? Have you received: Baptism? First Eucharist? Confirmation?

Relationship to Head: (Child, Grandchild, Sibling, etc.)
First: Middle: Last:
Nickname: Date of Birth: / / (mm/dd/yyyy)
Male/Female Current School:
Catholic? Have you received: Baptism? First Eucharist? Confirmation?

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First: Middle: Last:
Nickname: Date of Birth: / / (mm/dd/yyyy)
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Nickname: Date of Birth: / / (mm/dd/yyyy)
Male/Female Current School:
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First: Middle: Last:
Nickname: Date of Birth: / / (mm/dd/yyyy)
Male/Female Current School:
Catholic? Have you received: Baptism? First Eucharist? Confirmation?

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First: Middle: Last:
Nickname: Date of Birth: / / (mm/dd/yyyy)
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