## REGISTRATION FORM FOR OUR LADY OF ANGELS CATHOLIC CHURCH

*PLEASE PRINT, USING LEGAL NAMES*				TODAYS DATE:				
LAST NAME	STREET ADDRE	SS	APT#	CITY 8	& ZIP CODE	PHONI	E# LISTED UNLISTED	
FAMILY ETHNICITY: WHITE LANGUAGE(s) SPOKEN:	BLACK HISPAN	IIC ASIAN	Other					
HEADS OF HOUSEHOLD (First & Last Legal Names)		Nickname/ Name called	D.O.B. M/D/Y	Religion	Baptized Y/N	Confirm Y/N	Marital Status M/S/D/W	
(male)								
(female)	(maiden name)							
IF MARRIED, IS YOUR MARRIAGE RECOGNIZED BY THE CATHOLIC CHURCH? YES NO Date married?								
OTHERS LIVING IN THE HOME First and Middle Names	M/F School		Religion	Baptized 1 Y/N	Lst Comm Co		ast Name If Different From Family Name	
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PLEASE CONTINUE ON REVERSE SIDE OFFICE USE ONLY: ENV#								
FORMER PARISH:								
	(City)				(State)			
Head of Hausahald's Convention		Nama a .		<u>'</u>				
Head of Household's Occupation and Company Name:								
Cell Phone #: Work Number:								
Email Address:								
Training / Skills / Talents:								
Other Head of Household's Occ	cupation and Com	npany Name:						
Cell Phone #:			Work Num	her:				
			WOIK NUII	ibei.				
Email Address:								
Training / Skills / Talents:								
How did you hear about Our Lady of Angels (OLA)?								
	nternet Site?		l by?		Other			

**Do you want Parish Support Envelopes?** Yes No (Please note: Parish support envelopes will arrive in about 8 weeks.)