



## FAMILY REGISTRATION INFORMATION

<b>FAMILY NAME:</b> <small>How you want your mail addressed</small>		<small>i.e. Mr. &amp; Mrs. John Smith, Mary &amp; John Smith, John Smith &amp; Mary Doe</small>	
<b>ADDRESS:</b> <small>Include Apt#</small>			
<b>CITY:</b>		<b>ZIP:</b>	
<b>HOME PHONE:</b>		<b>CELL PHONE:</b>	
<b>EMAIL:</b>		<b>UNLISTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

In order to serve you better, please complete the following:

1. Is there anyone in your home that is unable to go to Mass due to a physical infirmity? If "yes", please write name of the family member:  
 Yes     No    \_\_\_\_\_
2. If you married outside of the Catholic Church, would you like to talk to someone about getting your marriage blessed?     Yes     No
3. Did any member of your family ever attend OLG School? If "yes", please write the name used at the time of attendance (maiden name)  
 Yes     No    \_\_\_\_\_
4. What parish are you coming from? \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Family ID/Env#:	Date Entered: