

OUR LADY OF MOUNT CARMEL REGISTRATION

Date (MM/DD/YY): _____

Last Name:	Head:	Spouse:
Date of birth:	Current address:	
City:	State:	ZIP Code:
Home Phone:	Mobile:	Subdivision:
Email:	Church Attendance: <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal	

If Seasonal, may we have your northern address and phone:

Address _____
 Phone: _____ From (MM/DD/YY): _____ To (MM/DD/YY): _____

Are you or a member of your household homebound? Yes No If yes, Name: _____

MEMBERS INFORMATION

	Head	Spouse	Child	Child	Child	Child	Other
<i>First Name</i>							
<i>Religion</i>							
<i>Marital Status</i>							
<i>Language</i>							
<i>Occupation</i>							
<i>Location</i>							
<i>Date of Birth</i>							
<i>Sex</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
<i>Date of Baptism (MM/DD/YY)</i>							
<i>1st Communion (MM/DD/YY)</i>							
<i>Date Confirmed (MM/DD/YY)</i>							
<i>Date of Marriage (MM/DD/YY)</i>							
<i>Ministries or Talents</i>							
<i>Ministries or Talents</i>							
<i>Ministries or Talents</i>							

Name Badge #1 Type: Pin Magnetic
 Name: _____ City & State of Origin: _____

Name Badge #2 Type: Pin Magnetic
 Name: _____ City & State of Origin: _____

Comments or Remarks:

OFFICE USE

Welcome Letter Sent: ___/___/___ Called: ___/___/___ Left Message: ___/___/___ Unable to Reach: ___/___/___