

# Our Lady of Guadalupe Parish Registration or Change of Information Form

Family Last Name		Preferred Salutation (eg. Mr. & Mrs.; Ms.; Miss; Dr. & Mrs.; John & Judy; etc.)													
Address		Family Status: <table style="font-size: small; width: 100%;"> <tr> <td style="width: 33%;">A. Single (residing alone)</td> <td style="width: 33%;">G. Divorced (with minor children)</td> </tr> <tr> <td>B. Single (residing with parents)</td> <td>H. Living with "significant other"</td> </tr> <tr> <td>C. Married with minor children</td> <td>I. Widow(er) - living alone</td> </tr> <tr> <td>D. Married without minor children</td> <td>J. Widow(er) (with minor children)</td> </tr> <tr> <td>E. Single parent with minor children</td> <td>K. Widow(er) (living with adult children)</td> </tr> <tr> <td>F. Divorced - living alone</td> <td>L. IF OTHER, please identify on reverse...</td> </tr> </table>		A. Single (residing alone)	G. Divorced (with minor children)	B. Single (residing with parents)	H. Living with "significant other"	C. Married with minor children	I. Widow(er) - living alone	D. Married without minor children	J. Widow(er) (with minor children)	E. Single parent with minor children	K. Widow(er) (living with adult children)	F. Divorced - living alone	L. IF OTHER, please identify on reverse...
A. Single (residing alone)	G. Divorced (with minor children)														
B. Single (residing with parents)	H. Living with "significant other"														
C. Married with minor children	I. Widow(er) - living alone														
D. Married without minor children	J. Widow(er) (with minor children)														
E. Single parent with minor children	K. Widow(er) (living with adult children)														
F. Divorced - living alone	L. IF OTHER, please identify on reverse...														
City	Zip	Home Phone (landline or cell)	May we publish your 'home' number in our annual parish directory? <input type="checkbox"/> Yes <input type="checkbox"/> No												

Head of Household	Spouse
-------------------	--------

Name		Name	
Middle Initial		Middle Initial	
Date of Birth	Religion (if not Catholic)	Date of Birth	Religion (if not Catholic)
Occupation: (if student, list institution & anticipated graduation date)		Occupation: (if student, list institution & anticipated graduation date)	
Employer	Work Phone (never published)	Employer	Work Phone (never published)
Email	Cell Phone (never published)	Email	Cell Phone (never published)
Sacramental History Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No    First Eucharist? <input type="checkbox"/> Yes <input type="checkbox"/> No    Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sacramental History Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No    First Eucharist? <input type="checkbox"/> Yes <input type="checkbox"/> No    Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If married, is this your... <input type="checkbox"/> First Marriage <input type="checkbox"/> Second Marriage	Were you married by a priest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, is this your... <input type="checkbox"/> First Marriage <input type="checkbox"/> Second Marriage	Maiden Name
Church or place of Marriage		City & State of Marriage	Wedding date

Minor(s) living at home {adult children who reside with you must register separately}
---

Child's Name (including last, if different from above)	Date of Birth	Gender	Baptized?	1st Comm?	Confirmed?	Religious Ed?*	Present School
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PSR <input type="checkbox"/> Xolic <input type="checkbox"/> None	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PSR <input type="checkbox"/> Xolic <input type="checkbox"/> None	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PSR <input type="checkbox"/> Xolic <input type="checkbox"/> None	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PSR <input type="checkbox"/> Xolic <input type="checkbox"/> None	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PSR <input type="checkbox"/> Xolic <input type="checkbox"/> None	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PSR <input type="checkbox"/> Xolic <input type="checkbox"/> None	

\* Religious Ed. = Please indicate the means by which your child's Religious Education is supplemented by the Church ❖ PSR = Parish School of Religion {aka: CCD} ❖ Xolic = Catholic School

May we identify you, in the bulletin, as a new parishioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone living at this address require Sacramental services at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office: <input style="width: 100%;" type="text"/>	Env #: <input style="width: 100%;" type="text"/>
		Rolodex: <input style="width: 100%;" type="text"/>	EIC: <input style="width: 100%;" type="text"/>

If you live alone, please list a "next of kin" and their contact number on the reverse side of this form

If you live outside of Macedonia, Northfield, or Sagamore - you will need to obtain a letter from the pastor of your local Catholic Church giving you permission to register at OLG.