

Our Lady of Guadalupe Parish Registration or Change of Information Form

Family Last Name		ENVELOPE USER : _____	
		EFT DONOR _____	
Address _____ Apt. # _____		Family Status	A. Single (residing alone) B. Single (residing with parents) C. Married with minor children D. Married without minor children E. Single parent with minor children F. Divorced - living alone G. Divorced (with minor children) H. Living with "significant other" I. Widow(er) - living alone J. Widow(er) (with minor children) K. Widow(er) (living with adult children) 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 _____	Middle Initial _____	Name _____	
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	

* 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: _____	Env #: _____	Rolodex: _____	EIC: _____
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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.