

## **Our Lady of the Pillar Parish Registration**

FAMILY LAST NAME: \_\_\_\_\_ Circle One: Dr., Mr. & Mrs., Ms., Ms., Miss Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BOX / UNIT / APT. # \_\_\_\_\_ Phone # for Parish Directory \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Offertory Preference: Envelopes: _____ Online Giving: _____ Bank Pay: _____
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### **PARISHIONER INFORMATION**

#### **HEAD OF HOUSEHOLD:**

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ MAIDEN: \_\_\_\_\_ GENDER: Male/Female DATE OF BIRTH: \_\_\_\_\_

LAST NAME (if different from above): \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ RETIRED: \_\_\_\_\_

CELL PHONE: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SACRAMENTS: **BAPTISM:** Infant \_\_\_ Adult \_\_\_ Not Baptized \_\_\_ Catholic \_\_\_ Other \_\_\_\_\_ Converted \_\_\_  
Church of Baptism \_\_\_\_\_ City & State \_\_\_\_\_

**EUCHARIST:** Received \_\_\_ Never Received \_\_\_ **CONFIRMATION:** Received \_\_\_ Never Received \_\_\_

**MARITAL STATUS:** Married \_\_\_ Catholic Marriage: Yes \_\_\_ No \_\_\_ Wedding Date \_\_\_\_\_

Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Vowed Religious \_\_\_

SPECIAL NEEDS: Homebound \_\_\_ Bed Ridden \_\_\_ Nursing Home \_\_\_\_\_ Handicapped \_\_\_ Blind \_\_\_ Deaf \_\_\_ Mentally Challenged \_\_\_

SPECIAL SKILLS: \_\_\_\_\_ MINISTRY INVOLVEMENT: \_\_\_\_\_

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#### **SPOUSE:**

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ MAIDEN: \_\_\_\_\_ GENDER: Male/Female DATE OF BIRTH: \_\_\_\_\_

LAST NAME (if different from above): \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ RETIRED: \_\_\_\_\_

CELL PHONE: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SACRAMENTS: **BAPTISM:** Infant \_\_\_ Adult \_\_\_ Not Baptized \_\_\_ Catholic \_\_\_ Other \_\_\_\_\_ Converted \_\_\_  
Church of Baptism \_\_\_\_\_ City & State \_\_\_\_\_

**EUCHARIST:** Received \_\_\_ Never Received \_\_\_ **CONFIRMATION:** Received \_\_\_ Never Received \_\_\_

**MARITAL STATUS:** Married \_\_\_ Catholic Marriage: Yes \_\_\_ No \_\_\_ Wedding Date \_\_\_\_\_

Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Vowed Religious \_\_\_

SPECIAL NEEDS: Homebound \_\_\_ Bed Ridden \_\_\_ Nursing Home \_\_\_\_\_ Handicapped \_\_\_ Blind \_\_\_ Deaf \_\_\_ Mentally Challenged \_\_\_

SPECIAL SKILLS: \_\_\_\_\_ MINISTRY INVOLVEMENT: \_\_\_\_\_

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**Please print page 2 for additional children.**

**CHILDREN:**

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ GENDER: Male/Female DATE OF BIRTH: \_\_\_\_\_

LAST NAME (if different from above): \_\_\_\_\_

SACRAMENTS: **BAPTISM:** Infant \_\_\_ Adult \_\_\_ Not Baptized \_\_\_ Catholic \_\_\_ Other \_\_\_\_\_ Converted \_\_\_

Church of Baptism \_\_\_\_\_ City & State \_\_\_\_\_

**EUCCHARIST:** Received \_\_\_ Never Received \_\_\_ **CONFIRMATION:** Received \_\_\_ Never Received \_\_\_

SPECIAL NEEDS: Homebound \_\_\_ Bed Ridden \_\_\_ Nursing Home \_\_\_\_\_ Handicapped \_\_\_ Blind \_\_\_ Deaf \_\_\_ Mentally Challenged \_\_\_

SPECIAL SKILLS: \_\_\_\_\_ MINISTRY INVOLVEMENT: \_\_\_\_\_ \

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**CHILDREN:**

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ GENDER: Male/Female DATE OF BIRTH: \_\_\_\_\_

LAST NAME (if different from above): \_\_\_\_\_

SACRAMENTS: **BAPTISM:** Infant \_\_\_ Adult \_\_\_ Not Baptized \_\_\_ Catholic \_\_\_ Other \_\_\_\_\_ Converted \_\_\_

Church of Baptism \_\_\_\_\_ City & State \_\_\_\_\_

**EUCCHARIST:** Received \_\_\_ Never Received \_\_\_ **CONFIRMATION:** Received \_\_\_ Never Received \_\_\_

SPECIAL NEEDS: Homebound \_\_\_ Bed Ridden \_\_\_ Nursing Home \_\_\_\_\_ Handicapped \_\_\_ Blind \_\_\_ Deaf \_\_\_ Mentally Challenged \_\_\_

SPECIAL SKILLS: \_\_\_\_\_ MINISTRY INVOLVEMENT: \_\_\_\_\_

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**CHILDREN:**

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ GENDER: Male/Female DATE OF BIRTH: \_\_\_\_\_

LAST NAME (if different from above): \_\_\_\_\_

SACRAMENTS: **BAPTISM:** Infant \_\_\_ Adult \_\_\_ Not Baptized \_\_\_ Catholic \_\_\_ Other \_\_\_\_\_ Converted \_\_\_

Church of Baptism \_\_\_\_\_ City & State \_\_\_\_\_

**EUCCHARIST:** Received \_\_\_ Never Received \_\_\_ **CONFIRMATION:** Received \_\_\_ Never Received \_\_\_

SPECIAL NEEDS: Homebound \_\_\_ Bed Ridden \_\_\_ Nursing Home \_\_\_\_\_ Handicapped \_\_\_ Blind \_\_\_ Deaf \_\_\_ Mentally Challenged \_\_\_

SPECIAL SKILLS: \_\_\_\_\_ MINISTRY INVOLVEMENT: \_\_\_\_\_

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