

Our Lady of the Pillar Parish Registration

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

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

CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL: _____ Cell _____

Offertory Preference: Envelopes: _____ Online Giving: _____ Bank Pay: _____

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: (_____) _____ - _____ E-Mail: _____

SACRAMENTS: BAPTISM: Infant ___ Adult ___ Not Baptized ___ Catholic ___ Other _____ Converted ___

Church of Baptism _____ City & State _____

EUCCHARIST: Received ___ Never Received ___ **CONFIRMATION:** Received ___ Never Received ___

MARITAL STATUS: Married ___ Catholic Marriage: Yes ___ No ___ Wedding Date _____
Single ___ Widowed ___ Separated ___ Divorced ___ Remarried ___ Vowed Religious ___

SPECIAL NEEDS: Homebound ___ Bed Ridden ___ Nursing Home _____ Handicapped ___ Blind ___ Deaf ___ Mentally Challenged ___

SPECIAL SKILLS: _____ **MINISTRY INVOLVEMENT:** _____

SPOUSE:

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

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

CELL PHONE: (_____) _____ - _____ E-Mail: _____

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SPECIAL SKILLS: _____ **MINISTRY INVOLVEMENT:** _____

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 _____

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SPECIAL SKILLS: _____ MINISTRY INVOLVEMENT: _____ \

CHILDREN:

FIRST NAME: _____ MIDDLE: _____ GENDER: Male/Female DATE OF BIRTH: _____

LAST NAME (if different from above): _____

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CHILDREN:

FIRST NAME: _____ MIDDLE: _____ GENDER: Male/Female DATE OF BIRTH: _____

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