

# OUR LADY OF GUADALUPE CHURCH

## Registration Form

FOR OFFICE USE ONLY

ID/ENVELOPE # \_\_\_\_\_

PDS: \_\_\_\_\_ Env/E-Mail: \_\_\_\_\_

PLEASE PRINT

DATE OF REGISTRATION : \_\_\_\_\_

FAMILY LAST NAME: \_\_\_\_\_

TITLE (circle one): Mr. & Mrs., Dr. & Mrs., Mr., Mrs., Miss., Ms., Dr., Other \_\_\_\_\_

SUFFIX (circle if used): Jr., Sr., II, III, IV, Other \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE # WITH AREA CODE: (\_\_\_\_) \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

Please list any specific Ministries and or Groups you are interested in: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ (Maiden Name: \_\_\_\_\_)

TITLE (circle one): Mr., Mrs., Miss., Ms., Dr., Other \_\_\_\_\_

SUFFIX (circle if used): Jr., Sr., II, III, IV, Other \_\_\_\_\_

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED \_\_\_\_\_

RELIGION: \_\_\_\_\_

IS PERSON PHYSICALLY OR MENTALLY CHALLENGED? YES NO EXPLAIN: \_\_\_\_\_

OCCUPATION COMPANY: \_\_\_\_\_ NATURE OF WORK: \_\_\_\_\_

FULL PARTTIME RETIRED AT HOME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ BAPTISM: YES NO 1<sup>ST</sup> COMM: YES NO CONFIRM: YES NO  
Month Day Year

E-MAIL ADDRESS: \_\_\_\_\_

FIRST NAME - SPOUSE: \_\_\_\_\_ (Maiden Name: \_\_\_\_\_)

TITLE (circle one): Mr., Mrs., Miss., Ms., Dr., Other \_\_\_\_\_

SUFFIX (circle if used): Jr., Sr., II, III, IV, Other \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELIGION: \_\_\_\_\_

IS PERSON PHYSICALLY OR MENTALLY CHALLENGED? YES NO EXPLAIN: \_\_\_\_\_

OCCUPATION COMPANY: \_\_\_\_\_ NATURE OF WORK: \_\_\_\_\_

FULL PARTTIME RETIRED AT HOME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ BAPTISM: YES NO 1<sup>ST</sup> COMM: YES NO CONFIRM: YES NO  
Month Day Year

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF MARRIAGE (If Applicable): \_\_\_\_\_ IF MARRIED, WERE YOU MARRIED BY A PRIEST?: YES NO

CHURCH OF MARRIAGE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

**USING REVERSE SIDE OF THIS FORM, PLEASE LIST EACH CHILD LIVING AT HOME SEPARATELY.**

**PLEASE LIST EACH CHILD LIVING AT HOME:**

NAME – LAST, FIRST: \_\_\_\_\_

SUFFIX – CIRCLE IF USED: Jr., II, III, IV, Other \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELIGION \_\_\_\_\_

IS PERSON PHYSICALLY OR MENTALLY CHALLENGED \_\_\_\_\_  
EXPLAIN \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: \_\_\_\_\_  
Mo. Day Year

HIGH GRADE (1-16) \_\_\_\_\_  
IF IN SCHOOL, WHAT SCHOOL \_\_\_\_\_

RECEIVING CCD RELIGIOUS INSTRUCTION \_\_\_\_\_

BAPTISM: YES NO / 1<sup>ST</sup> COMM: YES NO / CONFIRM: YES NO

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NAME – LAST, FIRST: \_\_\_\_\_

SUFFIX – CIRCLE IF USED: Jr., II., III., IV., Other \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELIGION \_\_\_\_\_

IS PERSON PHYSICALLY OR MENTALLY CHALLENGED \_\_\_\_\_  
EXPLAIN \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: \_\_\_\_\_  
Mo. Day Year

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IF IN SCHOOL, WHAT SCHOOL? \_\_\_\_\_

RECEIVING CCD RELIGIOUS INSTRUCTION \_\_\_\_\_

BAPTISM: YES NO / 1<sup>ST</sup> COMM: YES NO / CONFIRM: YES NO

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NAME – LAST, FIRST: \_\_\_\_\_

SUFFIX - CIRCLE IF USED: Jr., II., III., IV., Other \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELIGION \_\_\_\_\_

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BAPTISM: YES NO / 1<sup>ST</sup> COMM: YES NO / CONFIRM: YES NO

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SUFFIX – CIRCLE IF USED: Jr., II, III, IV, Other \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELIGION \_\_\_\_\_

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DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: \_\_\_\_\_  
Mo. Day Year

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RECEIVING CCD RELIGIOUS INSTRUCTION \_\_\_\_\_

BAPTISM: YES NO / 1<sup>ST</sup> COMM: YES NO / CONFIRM: YES NO

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SUFFIX – CIRCLE IF USED: Jr., II., III., IV., Other \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELIGION \_\_\_\_\_

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EXPLAIN \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER \_\_\_\_\_  
Mo. Day Year

HIGH GRADE (1-16) \_\_\_\_\_  
IF IN SCHOOL, WHAT SCHOOL? \_\_\_\_\_

RECEIVING CCD RELIGIOUS INSTRUCTION \_\_\_\_\_

BAPTISM: YES NO / 1<sup>ST</sup> COMM: YES NO / CONFIRM: YES NO

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Please return your completed registration form to:

Our Lady of Guadalupe Parish Office  
5194 Cold Spring Creamery Road  
Doylestown, PA 18902