Our Lady of Grace Catholic Church

Maricopa, Arizona

FOR OFFICE USE ONLY:

Date received: _____

Family ID#: _____

Registration Form

Please print and complete all information legibly

Collection Envelopes? ☐ **Yes** ☐ **No** **Winter Residents:** ☐ **Yes** ☐ **No**

Family Information			
Family Last Name:			
Street Address:		City:	ZIP Code::
Mailing Address (PO Box):		City:	ZIP Code:
Home Phone:	Email:		
Winter Residents Active from: Month:	Day:	**to**: Month:	Day:
Alternate Address for **Winter Residents:**			
City:	State:		ZIP Code:

1st Member - Head of Household			
Last Name:	**First Name:**		**Middle or Nickname:**
Cell Phone:	Email:		
Marital Status: ☐ Married ☐ Single ☐ Widowed ☐		Date of Birth:	Male or Female:
Catholic Marriage: ☐ Yes ☐ No			Ethnicity:
Religion:	Language		Occupation:
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation			

2nd Member - Adult or Spouse			
Last Name:	**First Name:**		**Middle or Nickname:**
Cell Phone:	Email:		
Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced		Date of Birth	Male or Female
Catholic Marriage: ☐ Yes ☐ No			Ethnicity:
Religion:	Language		Occupation:
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation			
If you would like to include an Emergency Contact for your family, please provide:			
Name:	Relationship:		Phone #

CHILD(REN) INFORMATION		
Children living at home over *18 years of age should fill out a separate Registration Form*		
Child 1		
Last Name:	First Name:	Middle or Nickname:
☐ Child ☐ Teen ☐ Young Adult (18-25)?	Date of Birth:	Male or Female:
Religion:	Language	Ethnicity:
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation		
Child 2		
Last Name:	First Name:	Middle or Nickname:
☐ Child ☐ Teen ☐ Young Adult (18-25)?	Date of Birth:	Male or Female
Religion:	Language	Ethnicity:
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation		
Child 3		
Last Name:	First Name:	Middle or Nickname:
☐ Child ☐ Teen ☐ Young Adult (18-25)?	Date of Birth:	Male or Female
Religion:	Language	Ethnicity:
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation		
Please complete back side if more than 3 children		

Registration Form – Page 2

Please print and complete all information legibly

Child 4		
Last Name:	First Name:	Middle or Nickname:
□ Child □ Teen □ Young Adult (18-25)?	Date of Birth:	Male or Female:
Religion:	Language	Ethnicity:
Sacraments Received: □ Baptism	□ Communion	□ Confirmation
Child 5		
Last Name:	First Name:	Middle or Nickname:
□ Child □ Teen □ Young Adult (18-25)?	Date of Birth:	Male or Female
Religion:	Language	Ethnicity:
Sacraments Received: □ Baptism	□ Communion	□ Confirmation
Child 6		
Last Name:	First Name:	Middle or Nickname:
□ Child □ Teen □ Young Adult (18-25)?	Date of Birth:	Male or Female
Religion:	Language	Ethnicity:
Sacraments Received: □ Baptism	□ Communion	□ Confirmation
Child 7		
Last Name:	First Name:	Middle or Nickname:
□ Child □ Teen □ Young Adult (18-25)?	Date of Birth:	Male or Female:
Religion:	Language	Ethnicity:
Sacraments Received: □ Baptism	□ Communion	□ Confirmation
Child 8		
Last Name:	First Name:	Middle or Nickname:
□ Child □ Teen □ Young Adult (18-25)?	Date of Birth:	Male or Female
Religion:	Language	Ethnicity:
Sacraments Received: □ Baptism	□ Communion	□ Confirmation
Child 9		
Last Name:	First Name:	Middle or Nickname:
□ Child □ Teen □ Young Adult (18-25)?	Date of Birth:	Male or Female
Religion:	Language	Ethnicity:
Sacraments Received: □ Baptism	□ Communion	□ Confirmation
Child 10		
Last Name:	First Name:	Middle or Nickname:
□ Child □ Teen □ Young Adult (18-25)?	Date of Birth:	Male or Female
Religion:	Language	Ethnicity:
Sacraments Received: □ Baptism	□ Communion	□ Confirmation