

OUR LADY OF GOOD HOPE PARISH

Family Registration

7215 Saint Joe Road, Fort Wayne, IN 46835-1567 (260) 485-9615

Registration Date: _____

Last Name: _____ First Name(s): _____

Mailing Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Area Code: (____) Home Phone: _____ Emergency Phone: _____

Family Email: _____ Envelope #: _____

Individual Member Information

Parish Status: <i>(Active or Inactive)</i>	_____	
Role: <i>(Head of House, Husband, Wife)</i>	_____	
First & Middle Name:	Nickname:	Nickname:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F Maiden name:	<input type="checkbox"/> M <input type="checkbox"/> F Maiden name:	_____
DOB (mm/dd/yyyy):	_____	
email:	_____	
Work phone/Cell Phone:	_____	
First Language:	_____	
Occupation/Employer:	_____	
Parent's Names:	Mother's Maiden:	Mother's Maiden:
Sacramental Info: Catholic?	<input type="checkbox"/> Baptized <input type="checkbox"/> Reconcil <input type="checkbox"/> 1st Comm <input type="checkbox"/> Confirmed	<input type="checkbox"/> Baptized <input type="checkbox"/> Reconcil <input type="checkbox"/> 1st Comm <input type="checkbox"/> Confirmed
Dates (mm/dd/yy):	/ / / / / / / /	/ / / / / / / /
Parish(es):	_____	
Marital Status:	<input type="checkbox"/> Valid Catholic Marriage	Wedding Parish: _____
<i>(Single, Married, Separated, Divorced, Annulled)</i>	Wedding Date: / /	Wedding Priest: _____

Are there any members of your household who would like to be visited by a priest? YES

Dependent Children Information

Relationship to Head of Household <i>(Son, daughter, mother, father, etc)</i>	First Name	Middle Name	Last Name	Gender	Birthdate
1				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation					
Add date if known: / / / / / / / / School: HS Grad Yr: Birth City/St:					
Parish(es): _____ 1st Language: _____					
2				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation					
Add date if known: / / / / / / / / School: HS Grad Yr: Birth City/St:					
Parish(es): _____ 1st Language: _____					

Please fill in all blank boxes and provide changes where necessary. If need to add additional members, please use back of this form.

Dependent Children Information *(continued)*

<i>Relationship to Head of Household (Son, daughter, mother, father, etc)</i>	First Name	Middle Name	Last Name	Gender	Birthdate
3				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
4				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
5				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
6				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
7				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
8				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
9				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
10				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
11				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					
12				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Check if Sacrament received. <input type="checkbox"/> Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation School: HS Grad Yr: Birth City/St: Add date if known: / / / / / / / / / / Parish(es): _____ 1st Language: _____					