

Our Lady of Guadalupe Parish Family Registration

Reg Date:

PO Box 10, Peralta , NM 87042 (505) 869-2189

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

AreaCode: Home Phone: Emerg. Phone:

Family Email: Env#

I want to join which ministry: Legion of Mary Knights of Columbus Knights of the Altar Altar Society
Extraordinary Ministers Lectors Music Servites Ushers Hospitality Rosary Makers

Individual Member Information

Parish Status: <small>(Active, Inactive)</small> Role: <small>(Head of House, Husband, Wife etc.)</small> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	Active <input type="checkbox"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Male / Female (Maiden) <input type="checkbox"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> Marital Status: <input style="width: 100px;" type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Male / Female (Maiden) <input type="checkbox"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Bantized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
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Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language					
1.	<input style="width: 80px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 80px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>					
	Check if Sacrament Received. Add Date if known. <table style="float: right; margin-left: 20px;"> <tr> <td>Baptism <input type="checkbox"/></td> <td>Catholic? <input type="checkbox"/></td> <td>Eucharist <input type="checkbox"/></td> <td>Reconciliation <input type="checkbox"/></td> <td>Confirmation <input type="checkbox"/></td> </tr> </table>						Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>							
2.	<input style="width: 80px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 80px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>					
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3.	<input style="width: 80px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 80px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>					
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Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>							

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.