

Our Lady of Lourdes Parish

NEW PARISHIONER REGISTRATION FORM

Family Name _____ Date _____
 Street Address _____ City _____ State _____ Zip _____
 Phone: (Home) _____ Unlisted? Y/N Work _____ Cell _____
 Previous Parish _____ Email: _____

	Member 1	Member 2	Member 3	Member 4	Member 5
Last Name					
First Name					
Middle Name					
Maiden Name					
Birth Date					
Marital Status					
Employer					
Occupation					
School Name (Children Only)					
Grade Level					
Children Attend PSR (Y/N)					
Religion					
Baptized (Y/N)					
First Communion (Y/N)					
Confirmed (Y/N)					
Attend Church (Y/N)					
Special Needs					
Interest in Parish Ministries					

If married: Date _____ By Priest _____ If Not, by whom _____

If you were not married by a priest, would you like a priest to call and discuss with you? _____

General Comments:

Please Return To: Rectory, Our Lady of Lourdes Church, 1014 Madison Avenue, Washington, MO 63090, or place in collection basket at church.

Website: www.ollwashmo.org

rectory phone: 636-239-3520