

ST.MARY/OUR LADY OF HOPE REGISTRATION

Family Name: _____ Date of Registration: _____
 Address: _____ City: _____ Phone: _____
 Husband Name: _____ DOB: _____ Cell Phone: _____
 Wife Name: _____ DOB: _____ Cell Phone: _____
 Husband Religion: _____ Wife Religion: _____
 EMAIL Address: _____ Language Spoken: _____

Family Members Living in Household:

Name:	DOB	Baptized?	Communion?	Confirmed?	School
		Yes/No	Yes/No	Yes/No	
		Yes/No	Yes/No	Yes/No	
		Yes/No	Yes/No	Yes/No	
		Yes/No	Yes/No	Yes/No	
		Yes/No	Yes/No	Yes/No	

MARITAL STATUS(circle one): Married Single Widowed Divorced

Interests (circle all that apply):

Altar Server Cantor Choir Lector Greeter Eucharistic Minister Sacristan Women’s Club
Religious Education Altar Flowers Lazarus Ministry Bulletin Website

PLEASE PUT COMPLETED FORM IN COLLECTION BASKET

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