Our Lady of Guadalupe ☐ *Parish Registration* or ☐ *Change of Information* Form

Family Last Name		**ENVELOPE USER : _____**	**EFT DONOR_____**
Address	Apt. #	Family Status _____	A. Single (residing alone) B. Single (residing with parents) C.Married with minor children D. Married without minor children E. Single parent with minor children F. Divorced - living alone G. Divorced (with minor children) H. Living with "significant other" I. Widow(er) - living alone J. Widow(er) (with minor children) K. Widow(er) (living with adult children) L. IF OTHER, please identify on reverse...
City	Zip	Home Phone (landline or cell)	May we publish your 'home' number in our annual parish directory? ☐ Yes ☐ No

Head of Household			**Spouse**	
Name	Middle Initial		Name	
Date of Birth	Religion (if not Catholic)		Date of Birth	Religion (if not Catholic)
Occupation: (if student, list institution & anticipated graduation date)			Occupation: (if student, list institution & anticipated graduation date)	
Employer	Work Phone (never published)		Employer	Work Phone (never published)
Email	Cell Phone (never published)		Email	Cell Phone (never published)
Sacramental History Baptized? ☐ Yes ☐ No First Eucharist? ☐ Yes ☐ No Confirmed? ☐ Yes ☐ No			Sacramental History Baptized? ☐ Yes ☐ No First Eucharist? ☐ Yes ☐ No Confirmed? ☐ Yes ☐ No	
If married, is this your... ☐ First Marriage ☐ Second Marriage	Were you married by a priest? ☐ Yes ☐ No		If married, is this your... ☐ First Marriage ☐ Second Marriage	Maiden Name
Church or place of Marriage			City & State of Marriage	Wedding date

Minor(s) living at home {adult children who reside with you must register separately}

Child's Name (including last, if different from above)	**Date of Birth**	**Gender**	**Baptized?**	**1st Comm?**	**Confirmed?**	**Religious Ed?***	**Present School**
		☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ PSR ☐ Xolic ☐ None	
		☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ PSR ☐ Xolic ☐ None	
		☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ PSR ☐ Xolic ☐ None	
		☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ PSR ☐ Xolic ☐ None	
		☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ PSR ☐ Xolic ☐ None	

* Religious Ed. = Please indicate the means by which your child's Religious Education is supplemented by the Church ❖ PSR = Parish School of Religion {aka: CCD} ❖ Xolic = Catholic School

May we identify you, in the bulletin, as a new parishioner? ☐ Yes ☐ No	Does anyone living at this address require Sacramental services at home? ☐ Yes ☐ No	Office: Env #: _____ Rolodex: _____ EIC: _____

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If you live alone, please list a "next of kin" and their contact number on the reverse side of this form

If you live outside of Macedonia, Northfield, or Sagamore - you will need to obtain a letter from the pastor of your local Catholic Church giving you permission to register at OLG.