

# Our Lady of Perpetual Help Parish Family Registration

Reg Date: / /

515 Loch Haven Rd, Edgewater, MD 21037 (443) 203-1002

Last Name:  First Name(s):

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

Address:  Add2:

City:  State:  Zip:  -

Area Code:  Home Phone:  Emerg. Phone:

Family Email:  Env#

## Individual Member Information

<b>Parish Status:</b> <small>(Active, Inactive)</small>	<span style="border: 1px solid black; padding: 2px 20px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
<b>Role:</b> <small>(Head of House, Husband, Wife etc.)</small>	<span style="border: 1px solid black; padding: 2px 20px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
<b>First Name / Nickname:</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>Gender:</b>	Male / Female (Maiden) <span style="border: 1px solid black; padding: 2px 5px;"></span>	Male / Female (Maiden) <span style="border: 1px solid black; padding: 2px 5px;"></span>
<b>DOB (mm/dd/yyyy):</b>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>
<b>Email:</b>	<span style="border: 1px solid black; padding: 2px 20px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
<b>Work Phone/Cell Phone:</b>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>
<b>First Language:</b>	<span style="border: 1px solid black; padding: 2px 20px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
<b>Occupation/Employer:</b>	<span style="border: 1px solid black; padding: 2px 20px;"></span> / <span style="border: 1px solid black; padding: 2px 20px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span> / <span style="border: 1px solid black; padding: 2px 20px;"></span>
<b>Sacramental Info:</b>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>
<b>Dates (mm/dd/yyyy):</b>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>
<small>(Single, Married, Separated, Divorced, Annulled)</small>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>
<b>Marital Status:</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span> Valid Catholic Marriage? <input type="checkbox"/>	<span style="border: 1px solid black; padding: 2px 10px;"></span> Valid Catholic Marriage? <input type="checkbox"/>

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

## Dependent Children Information

	Relationship to Head of Household <small>(Son, Daughter, Mother Father etc.)</small>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span> / <span style="border: 1px solid black; padding: 2px 20px;"></span>	M / F	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	
2.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span> / <span style="border: 1px solid black; padding: 2px 20px;"></span>	M / F	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	
3.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span> / <span style="border: 1px solid black; padding: 2px 20px;"></span>	M / F	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>

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

**Our Lady of Perpetual Help Parish**  
**Family Registration**

Reg Date:  /  /

515 Loch Haven Rd, Edgewater, MD 21037 (443) 203-1002

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#

**Individual Member Information**

Parish Status: <i>(Active, Inactive)</i>	<input type="text"/>	<input type="text"/>
Role: <i>(Head of House, Husband, Wife etc.)</i>	<input type="text"/>	<input type="text"/>
First Name / Nickname:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Gender:	Male / Female (Maiden) <input type="text"/>	Male / Female (Maiden) <input type="text"/>
DOB (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Work Phone/Cell Phone:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
First Language:	<input type="text"/>	<input type="text"/>
Occupation/Employer:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>(Single, Married, Separated, Divorced, Annulled)</i>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
Marital Status:	<input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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
<i>(Son, Daughter, Mother Father etc.)</i>					
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>