

OUR LADY OF HUMILITY PARISHIONER REGISTRATION FORM

10655 Wadsworth Rd., Beach Park/Zion, IL 60099

Phone: 847-872-8778 FAX: 847-872-8780 Web Site: www.ourladyofhumility.org

Dear Friend(s):

We welcome you! You may be brand new to our area. You may have been here for many, many years. You may be a single person or married or divorced or widowed. You may always have remained very close to the church in your lifetime. You may have only recently felt comfortable to come back again.

You are a part of our "family", and we hope you will always feel welcome and at home with us. We invite you, in turn, to join us in maintaining ties of closeness, of compassion, of care, and real love for one another.

The following questions are an invitation to you to share with us some details about yourself (and others who are with you) as you register, or re-register, in our parish. This material will help us to know something about you, and will be treated with respect. It will allow us to keep in touch with you, and reach out to you with programs or efforts that might better make you feel a part of our parish family. We hope you would spend some time filling this out to the best of your ability. If you have any questions, please call the rectory during normal business hours.

If there is any way we can be supportive in your Christian life, please know that we are here for one another. God bless you and we thank you.

OFFICE USE ONLY

ID NO.

Please PRINT all information clearly. Thank you for your assistance.

FAMILY INFORMATION:

Today's Date (mm / dd / yyyy) ____ / ____ / ____

Last Name _____

First Name: Head of Household _____ Jr., Sr., III, etc. (if applicable) _____

 Spouse _____ Jr., Sr., III, etc. (if applicable) _____

Title (please circle one): Mr. / Mrs. Mr. Mrs. Ms. Miss Dr. / Mrs. Mrs. / Dr. Other _____

Street Address _____ Apt / Lot / Box (please circle) No. _____

City _____ State _____ Zip Code _____

Home Telephone No. (_____) _____ Unlisted? Yes _____ No _____

E-Mail _____

OFFICE USE ONLY — Geographical Area of Parish

Marital Status (please check one):

- Single Single Parent Separated Widowed Divorced
- Separated / Single Parent Widowed / Single Parent Divorced / Single Parent
- Married by a Priest (or through the Catholic Church) Married Civilly (or In Other Church)
- Widowed / Remarried by a Priest (or through the Catholic Church) Widowed / Remarried Civilly (or in Other Church)
- Divorced / Remarried by a Priest (or through the Catholic Church) Divorced / Remarried Civilly (or in Other Church)

Child(ren) Living at Home? Yes _____ No _____ Child(ren) Attending OLH Grammar School? Yes _____ No _____

Child(ren) Attending OLH Religious Education? Yes _____ No _____

May we list your name in the Parish Bulletin welcoming you as a newly registered parishioner? Yes _____ No _____

Are there any special needs that you ask of our parish? _____

Please turn to the NEXT PAGE and continue with information about the individual members in this household. Thank you.

	HEAD OF HOUSEHOLD	SPOUSE	OTHER ADULT
Last Name			
Maiden Name (if applicable)			
First Name			
Nickname			
Title (e.g. Mr., Ms., Dr., etc.)			
Marital Status (use one of the choices listed on first page)			
Religion			
Foreign Language(s) Spoken			
Occupation			
Name of Company Working For			
Business Phone / Ext.	() Ext.	() Ext.	() Ext.
Date of Birth (mm / dd / yyyy)	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
M(ale) or F(emale)			
Highest Level of Education			
Baptism	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Confirmation	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
FIRST Confession	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
First Communion	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Sacrament of Marriage	Yes ___ No ___ Date ___ / ___ / ___	Yes ___ No ___ Date ___ / ___ / ___	Yes ___ No ___ Date ___ / ___ / ___

CHILDREN LIVING AT HOME (NOTE: Adult Children Should Register Separately as Parishioners)

	Attending OLH		Foreign Language(s) Spoken	Date of Birth (mm / dd / yyyy)	M(ale) or F(emale)	Grade	Baptism	Confirmation	FIRST Confession	First Communion
	School	Rel. Educ.								
Last Name										
First Name	Yes ___	Yes ___		___ / ___ / ___			Yes ___	Yes ___	Yes ___	Yes ___
Nickname	No ___	No ___					No ___	No ___	No ___	No ___
Last Name										
First Name	Yes ___	Yes ___		___ / ___ / ___			Yes ___	Yes ___	Yes ___	Yes ___
Nickname	No ___	No ___					No ___	No ___	No ___	No ___
Last Name										
First Name	Yes ___	Yes ___		___ / ___ / ___			Yes ___	Yes ___	Yes ___	Yes ___
Nickname	No ___	No ___					No ___	No ___	No ___	No ___
Last Name										
First Name	Yes ___	Yes ___		___ / ___ / ___			Yes ___	Yes ___	Yes ___	Yes ___
Nickname	No ___	No ___					No ___	No ___	No ___	No ___
Last Name										
First Name	Yes ___	Yes ___		___ / ___ / ___			Yes ___	Yes ___	Yes ___	Yes ___
Nickname	No ___	No ___					No ___	No ___	No ___	No ___