

# Our Lady of The Rosary Family Registration

Reg Date:  / /

P.O. Box 10 - 12911 East Main St., Larose, LA 70373 (985) 693-3433

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#

Would you like to support our church by using offering envelopes? Yes / No

Would you like to support our church by electronic bank draft? Yes / No

## Individual Member Information

Parish Status: <small>(Active, Inactive)</small> Role: <small>(Head of House, Husband, Wife etc.)</small> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email:  Work Phone/Cell Phone: First Language: Occupation/Employer:	<table border="0" style="width: 100%;"> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> / </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> Male / Female (Maiden) </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> / / </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> / </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> / </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> </table>						/	Male / Female (Maiden)		/ /					/				/			<table border="0" style="width: 100%;"> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> / </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> Male / Female (Maiden) </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> / / </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> / </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> / </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td><td style="border: 1px solid black; height: 20px;"> </td></tr> </table>						/	Male / Female (Maiden)		/ /					/				/		
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Sacramental Info: Dates (mm/dd/yyyy): <small>(Single, Married, Separated, Divorced, Annulled)</small> Marital Status:	Baptized? <input checked="" type="checkbox"/> Catholic? <input checked="" type="checkbox"/> / / Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / / / / / / Valid Catholic Marriage? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> / / Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <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	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<span style="border: 1px solid black; padding: 2px 40px;"> </span> / <span style="border: 1px solid black; padding: 2px 40px;"> </span>	M / F	<span style="border: 1px solid black; padding: 2px 15px;"> / / </span> <span style="border: 1px solid black; padding: 2px 20px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 40px;"> </span>
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Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.