

# 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: <i>(Active, Inactive)</i> Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> Male / Female (Maiden) <span style="border: 1px solid black; padding: 2px 10px;"> </span> / / <span style="border: 1px solid black; padding: 2px 10px;"> </span> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> Baptized? <input checked="" type="checkbox"/> Catholic? <input checked="" type="checkbox"/> / / <span style="border: 1px solid black; padding: 2px 10px;"> </span> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / / <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> Marital Status: <span style="border: 1px solid black; padding: 2px 15px;"> </span> Valid Catholic Marriage? <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> Male / Female (Maiden) <span style="border: 1px solid black; padding: 2px 10px;"> </span> / / <span style="border: 1px solid black; padding: 2px 10px;"> </span> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> / / <span style="border: 1px solid black; padding: 2px 10px;"> </span> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / / <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>
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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 40px;"> </span> / <span style="border: 1px solid black; padding: 2px 40px;"> </span>	M / F	<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 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 40px;"> </span>
			<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 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 40px;"> </span>
			<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 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 40px;"> </span>
			<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 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 40px;"> </span>
			<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 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 40px;"> </span>
			<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 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 40px;"> </span>

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