

Parish Registration Form (rev. Feb 2018)

Our Lady of Grace Catholic Church

2203 West Market Street, Greensboro, NC 27403 -1515
 Email: olgchurch@olgchurch.org Phone: 336-274-6520

Please complete this form thoroughly and include all the people living in your home (which may include college students living away at school). At the end of this form please let us know if there is anything we can assist you or your family with (e.g. interest in becoming Catholic, returning to the Church, serious illness, recent death) or any other pastoral concern.

Today's Date ____ / ____ / ____ Status (check one): New Parishioner Updating/Changing Registration Information

Table 1. Registering Person Information (“Listed as Head of Family”)

| Title (check one) | Your Name | | | | Gender (check one) | Marital Status (check one) | Birth Date mm/dd/yyyy | Religion (check one) | Occupation |
|--|-----------|----------------|------|------------------------|--|---|--------------------------|---|------------|
| | First | Middle Initial | Last | Maiden (if applicable) | | | | | |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |

Ethnicity: Asian/Pacific Islander Black/African American Hispanic Native American White/Caucasian Other _____

Address: _____ **Apt #** _____ **City:** _____ **State:** _____ **Zip Code:** _____

Primary Telephone Number: (____) _____ - _____
 Mobile Home Work

Alternate Telephone Number: (____) _____ - _____
 Mobile Home Work

Primary Email Address: _____@_____.

Your Previous Parish Name: _____
City & State: _____

Alternate Email Address: _____@_____.

Languages Spoken: English Spanish Other _____

Sunday (weekly) Offering: We provide offering envelopes which will be mailed to you. *Send me information on e-Offering (electronic bank transfer)*

Stewardship: Having prayerfully considered my/our income and aware of our parish responsibility, I/we will sincerely endeavor to give \$_____ weekly.

For Office Use Only: PDS _____ Diocese _____ OSV/Envel _____ Envel. # _____ Welcome Pkt Sent _____

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Tell us about whom else you would like to register: *(please print clearly)*

Table 2: Additional People Registering

| Number | Title | Your Name | | | | Gender | Marital Status | Birth Date | Religion | Occupation |
|--------|--|-----------|----------|------|------------------------|--|---|------------|--|------------|
| | (check one) | First | Middle I | Last | Maiden (if applicable) | (check one) | (check one) | mm/dd/yyyy | (check one or list) | |
| 1 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |
| 2 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |
| 3 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |
| 4 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |
| 5 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |
| 6 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |
| 7 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |
| 8 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |
| 9 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Child | | | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | / / | <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (please list) _____ | |

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Table 3. Sacramental Record for all People Registering

| Number <i>From Table 2 previous page</i> | First Name | Sacraments | | | | | | | | | | |
|---|------------|---|--------------|---|--------------|---|--------------|---|--------------|---|--------------|---|
| | | Baptism | | 1 st Communion | | Confirmation | | 1 st Penance | | Marriage | | |
| Registering Person (from Table 1) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 (from Table 2) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Date:</i> | Blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No |