

REGISTRATION FORM



Our Lady of the Fields Catholic Church

1070 Cecil Ave. S.
Millersville, MD 21108

Envelope: Y/N: _____

On-Line Giving: Y/N: _____

Automatic Bill Pay: Y/N _____

Last Name: _____ Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____ Subdivision: _____

If married, were you married by a priest? Y/N: _____ Date of Marriage: _____ Home Phone: _____

E-mail: _____ Work Phone: _____ Cell Phone: _____

Name	Sex M/F	DOB	Religion Cath/Other	Baptism	First Communion	Confirmation	Married/Divorced Single/Widowed	Education	Occupation	Employer
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Children	Sex M/F	DOB	Religion Cath/Other	Baptism	First Communion	Confirmation	School	Grade	Attends Faith Formation
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Would any non-Catholics listed like to be contacted about Rite of Christian Initiation process? _____

Is there any information you would like the priest to know about please indicate here: _____

In which Parish Ministry would you and your family members like to be involved? _____

Is there any homebound family member who needs a Pastoral visit? _____

Comments or any additional information: _____

NOTE: The definition of a participating parishioner for SOTI is the following:
 Use of envelopes or on-line giving and
 Involved in ministries within the Church