

**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 \_\_\_\_\_

Catholic Review: Y/N \_\_\_\_\_

Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Would you like to receive Flocknotes (Parish notifications)?: Y/N \_\_\_\_\_

If married, were you married by a priest? Y/N: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Church of Marriage: \_\_\_\_\_

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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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? \_\_\_\_\_

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

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

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

Comments or any additional information: \_\_\_\_\_

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**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