



Our Lady of the Fields Catholic Church

Member Registration Form

***** Office Use Only**
Envelope Assigned # _____
Entered by: _____

Date Form Completed: _____

HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Household Email: _____

Married Single Engaged Widowed Other: _____

If Married: Marriage Date: _____ Church: _____

City/State: _____

Previous Parish: _____ Previous City/State: _____

Would you like to receive or enroll in? Monthly Envelopes: Yes No

On-Line Giving: Yes No Automatic Bill Pay: Yes No
(Credit or Debit Card) (Automated Bank Account Deduction)

HEAD OF HOUSEHOLD

Adult Full Name: _____

Date of Birth: _____

Are you Catholic?

Baptized Date: _____ Location: _____

1st Comm Date: _____ Location: _____

Confirmed Date: _____ Location: _____

Other Denomination _____

Baptized

Cell Phone: _____

Other Phone: _____

Preferred Email: _____

SPOUSE OR ADULT IN THE HOUSEHOLD

Adult Full Name: _____

Date of Birth: _____

Are you Catholic?

Baptized Date: _____ Location: _____

1st Comm Date: _____ Location: _____

Confirmed Date: _____ Location: _____

Other Denomination _____

Baptized

Cell Phone: _____

Preferred Email: _____

Relationship with Head of Household? _____

ADDITIONAL INFORMATION/COMMENTS:

Children (Family Members age 18 and over are encouraged to register as independent adults)

(1) Child's Full Name (First, Middle, Last)

Gender: Male Female

Date of Birth: _____

Catholic

Baptized Date: _____ Location: _____

1st Comm Date: _____ Location: _____

Confirmed Date: _____ Location: _____

Other Denomination _____

Baptized?

ADDITIONAL INFO: _____

(2) Child's Full Name (First, Middle, Last)

Gender: Male Female

Date of Birth: _____

Catholic

Baptized Date: _____ Location: _____

1st Comm Date: _____ Location: _____

Confirmed Date: _____ Location: _____

Other Denomination _____

Baptized?

ADDITIONAL INFO: _____

(3) Child's Full Name (First, Middle, Last)

Gender: Male Female

Date of Birth: _____

Catholic

Baptized Date: _____ Location: _____

1st Comm Date: _____ Location: _____

Confirmed Date: _____ Location: _____

Other Denomination _____

Baptized?

ADDITIONAL INFO: _____

(4) Child's Full Name (First, Middle, Last)

Gender: Male Female

Date of Birth: _____

Catholic

Baptized Date: _____ Location: _____

1st Comm Date: _____ Location: _____

Confirmed Date: _____ Location: _____

Other Denomination _____

Baptized?

ADDITIONAL INFO: _____

ADDITIONAL CHILDREN: (PLEASE INCLUDE ON THE BACK)

NAME	DOB	SACRAMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interested in participating in parish ministries? If so, what type? _____

Would you like information about sacraments? Please specify. _____

Would any non-Catholics like to be contacted about Rite of Christian Initiation process? _____

NOTE: If you would like to be added to our general email distribution list (via Flocknote), please sign up at olfparish.flocknote.com