

OUR LADY OF VICTORY CATHOLIC CHURCH

WELCOME TO OUR COMMUNITY — THE FOLLOWING INFORMATION WILL BE TREATED AS A CONFIDENCE

Please **PRINT** all information

Date: _____

FAMILY LAST NAME:				Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>
Address:				Do you reside at this address Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
City:		Zip Code:		Family Email Address:				
Mailing Address <i>if different from above:</i>								
Emergency Contact Info:		Name:			Address:			
Emergency Phone Numbers:		Home:	Work:		Cell:		Relationship to you:	
FIRST NAME:		Date of Birth	Religion	Baptism Yes or No	Eucharist Yes or No	Confirmation Yes or No	Place of employment and profession: (If retired, please enter former occupation.)	
Mr								
Phone numbers: Home:		Work:			Cell:			
Miss/Mrs/Ms								
Phone numbers: Home:		Work:			Cell:		Maiden Name:	
Children under 18 years of age. Show the last name only when different from above.		Date of Birth	Religion	Baptism Yes or No	Eucharist Yes or No	Confirmation Yes or No	Name of School	Grade
<input type="checkbox"/> M <input type="checkbox"/> F								
<input type="checkbox"/> M <input type="checkbox"/> F								
<input type="checkbox"/> M <input type="checkbox"/> F								
<input type="checkbox"/> M <input type="checkbox"/> F								
<input type="checkbox"/> M <input type="checkbox"/> F								
Other persons living with you:		Date of Birth	Religion	Baptism Yes or No	Eucharist Yes or No	Confirmation Yes or No	Relationship to head of household:	
<input type="checkbox"/> M <input type="checkbox"/> F								
<input type="checkbox"/> M <input type="checkbox"/> F								

If we can assist you in any way, please call the parish office at 682-4622, Extension 10.