

**Our Lady of the Valley Parish
Family registration**

Date:

505 N. La Canada Dr, Green Valley, AZ 85614 (520) 625-4536

Check One: New Registration Re-Registration

Last Name: First Name(s):

Mailing Name: (i.e. Mr. & Mrs. John Doe)

Address:

City: State: Zip: Subdivision:

Home Phone: Emergency Phone: Emergency Contact:

Family Email:

Which method of giving do you prefer: Envelopes ACH Other

Part-Time Resident: Yes No If yes, months in Green Valley (ex: Nov-March)

If yes, Other Residence Address: City: State: Zip:

Role: (Head of Household, Husband, Wife, Etc.)	<input type="text"/>	<input type="text"/>
First Name/Last Name	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> DOB (mm/dd/yyyy): <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> DOB (mm/dd/yyyy): <input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Work Phone/Cell Phone:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Occupation/Employer:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Former Occupation if Retired	<input type="text"/>	<input type="text"/>
Religion:	Catholic <input type="checkbox"/> Other <input type="text"/>	Catholic <input type="checkbox"/> Other <input type="text"/>
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>

Others Living in Household

Relationship to Head of household

	(Son, Daughter, Father, etc)	First Name	Last Name	Gender	M / F	Birth date:	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	
	Check if Sacrament Received	Baptism <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>		
	Add Date If known	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	
	Check if Sacrament Received	Baptism <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>		
	Add Date If known	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	
	Check if Sacrament Received	Baptism <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>		
	Add Date If known	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Office Use Only: Rec'd _____ Office Pastoral Assoc. Welcoming Comm. Data Entry, Date _____

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.