

OUR LADY OF LOURDES PARISH REGISTRATION FORM

3450 LUMARDO DRIVE, CINCINNATI, OH 45238

PHONE: (513) 922-0715 FAX: (513) 347-2644

EMAIL: PARISH@LOURDES.ORG WEBSITE: www.lourdes.org

HEAD OF HOUSEHOLD AND/OR SPOUSE MUST BE A BAPTIZED ROMAN CATHOLIC
TO REGISTER IN THE PARISH

Date: _____

FAMILY LAST NAME

Street Address _____ City _____ Zip Code _____

Home Phone/Unlisted: Yes ___ No ___

Email Address: _____

Email Address: _____

HEAD OF HOUSEHOLD (Circle One) M F

Spouse/Significant Other (Circle One) M F

First Name _____

First Name _____

Middle Name _____

Middle Name _____

Maiden Name _____

Maiden Name _____

Date of Birth _____

Date of Birth _____

Cell # _____ Work # _____

Cell # _____ Work # _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Marital Status: Single Married Widowed Divorced

If Married, Date/Church: _____

Religion: _____

Religion _____

Baptism First Communion Confirmation
Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

Baptism First Communion Confirmation
Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

Church of Baptism _____

Church of Baptism _____

Graduate of OLL? _____ Year _____

Graduate of OLL? _____ Year _____

Child (Circle One) M F

Child (Circle One) M F

Lives at Home: Yes ___ No ___

Lives at Home: Yes ___ No ___

First Name _____

First Name _____

Middle Name _____

Middle Name _____

Last Name _____

Last Name _____

Date of Birth _____

Date of Birth _____

School Attending _____

School Attending _____

Grade _____

Grade _____

Baptism First Communion Confirmation
Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

Baptism First Communion Confirmation
Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

Child (Circle One) M F

Lives at Home: Yes___ No___

First Name_____

Middle Name_____

Last Name_____

Date of Birth_____

School Attending_____

Grade_____

Baptism First Communion Confirmation
Yes___ No___ Yes___ No___ Yes___ No___

Child (Circle One) M F

Lives at Home: Yes___ No___

First Name_____

Middle Name_____

Last Name_____

Date of Birth_____

School Attending_____

Grade_____

Baptism First Communion Confirmation
Yes___ No___ Yes___ No___ Yes___ No___

Were you or anyone else in your household registered under a different name? Yes___ No___

If yes, please list names_____

Do you regularly attend Sunday Mass at OLL? Yes___ No___

SPECIAL TALENTS YOU COULD OFFER THE PARISH_____

I/WE ARE INTERESTED IN THE FOLLOWING ORGANIZATIONS/ACTIVITIES:

OLL Alumni Association

Athletic Association

Boy Scouts

Cub Scouts

Girl Scouts

Festival Committee

Lourdes A-Palooza Committee

Mary's Guild

Old Times Softball

OLL Men's Club

RCIA

Lectors

Ushers

Communion Ministers

Adult Servers

Bereavement Ministry

Meals Ministry

Giving Tree

Christmas in July

Home, Hospitals, Nursing Home

Visits

Jail Ministry

Prayer Chain

St. Vincent de Paul

Liturgical Commission

Music/Choir Ministry

Ladies of Lourdes (formerly

St Mary's Ladies Sodality)

Adult Faith Formation

Faith Sharing Groups

Baptismal Preparation

Men's Retreat

Ministry to the Engaged

Natural Family Planning

Pro-Life

Religious Ed Program

Buildings and Grounds

Rosary

**PLEASE RETURN FORM TO THE PARISH OFFICE CENTER BY MAIL, FAX (347-2644),
SCAN AND SEND TO PARISH@LOURDES.ORG, OR YOU MAY DROP IN THE COLLECTION BASKET.**