

Office Use Only
Date: / /
Env #:

Parishioner Registration Form		
Head of Household Full Name: (Maiden Name):		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of Birth: / /	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Marriage: / /	Location (Church, etc.):
Home Phone: Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell: Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work: May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City:	State:	Zip Code:
Email: Can we add you to our group list for notifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Baptized: <input type="checkbox"/> Yes, Religion: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Where:	Where:	
First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability or Handicapped:	
Where:		
Our Lady of Victory School Alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:	
Year: _____	Employer:	
Do you have children aged 5-14? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are they registered for PSR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me (PSR = Parish School of Religion)		
Please send me information about: <input type="checkbox"/> Our Lady of Victory School		
Please indicate the parish ministries or activities you would like to learn more about or be involved in:		
<p><u>Ministries</u></p> <input type="checkbox"/> Adult Choir <input type="checkbox"/> Altar Servers/Adult & Youth <input type="checkbox"/> Art & Environment <input type="checkbox"/> Bereavement <input type="checkbox"/> Church Audio System Tech <input type="checkbox"/> Church Cleaners <input type="checkbox"/> Extraordinary Ministers of Holy Communion <input type="checkbox"/> Lectors <input type="checkbox"/> Marriage Preparation <input type="checkbox"/> Mass Captain/Sacristan <input type="checkbox"/> Mass Greeters <input type="checkbox"/> PSR Catechist/Teacher <input type="checkbox"/> RCIA Team Member <input type="checkbox"/> Sacraments <input type="checkbox"/> Ushers	<p><u>Groups/Organizations</u></p> <input type="checkbox"/> Athletic Association <input type="checkbox"/> Building & Grounds <input type="checkbox"/> Education Commission <input type="checkbox"/> Finance Commission <input type="checkbox"/> Peace & Justice Commission <input type="checkbox"/> Worship Commission <input type="checkbox"/> Girl/Boy/Cub Scouts <input type="checkbox"/> Men's Prayer Group <input type="checkbox"/> Pastoral Council <input type="checkbox"/> Respect Life Committee <input type="checkbox"/> St. Vincent de Paul <input type="checkbox"/> Food Pantry <input type="checkbox"/> Holy Smokes <input type="checkbox"/> Ladies of Victory <input type="checkbox"/> PTO <input type="checkbox"/> Family Ministry	<input type="checkbox"/> Christ Renews His Parish <input type="checkbox"/> Ladies Book Club <p><u>Volunteers</u></p> <input type="checkbox"/> Food Pantry <input type="checkbox"/> Festival Worker <input type="checkbox"/> Grounds Beautification <input type="checkbox"/> Holy Smokes Worker <input type="checkbox"/> Parish Office Work <input type="checkbox"/> Parish Picnic <input type="checkbox"/> Peace & Justice

Please continue on the other side

Information on Spouse, Children, and other household members (1)		
Full Name (Maiden): Email Address:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of Birth: / / Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship: School/Occupation:	Grade:
Baptized: <input type="checkbox"/> Yes, Church: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: / / <input type="checkbox"/> No Where:	
Information on Children, and other household members (2)		
Full Name: Disability or Handicapped:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of Birth: / / Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship: School/Occupation:	Grade:
Baptized: <input type="checkbox"/> Yes, Church: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: / / <input type="checkbox"/> No Where:	
Information on Children, and other household members (3)		
Full Name: Disability or Handicapped:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of Birth: / / Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship: School/Occupation:	Grade:
Baptized: <input type="checkbox"/> Yes, Church: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: / / <input type="checkbox"/> No Where:	
Information on Children, and other household members (4)		
Full Name: Disability or Handicapped:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of Birth: / / Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship: School/Occupation:	Grade:
Baptized: <input type="checkbox"/> Yes, Church: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: / / <input type="checkbox"/> No Where:	
Other Information		
Is there anyone confined at home, or unable to attend Church, or in special need of the Sacraments brought home? <input type="checkbox"/> Yes, please indicate need: _____ <input type="checkbox"/> No		
<p>To support our parish, we encourage parishioners to make their donation through ACH transactions. ACH makes it fast, easy, and convenient for parishioners to contribute to our church.</p> <input type="checkbox"/> Yes, I will sign up for ACH giving and receive envelopes <input type="checkbox"/> Yes, I will give through envelopes		

This information will not be shared, and will only be used by the parish clergy and staff so that we can plan for our work and ministry. **We welcome you to Our Lady of Victory!** Thank you for your continued membership and support!
May God bless you and your family.

To register additional children/family members, please use another form.

*Children age 25+ older residing at the same address should register on their own.
Please remember to notify us of any changes to your contact information in the future.

Please return this form to the Parish Office, in the collection basket at Mass,
scan and email to admin@olv.org, or by fax to (513)922-5476.

Our Lady of Victory • 810 Neeb Rd., Cincinnati, OH 45233 • (513)922-4460 • www.olvdelhi.org

