

New Parishioner Church Registration – Our Lady of the Lakes Parish

St. Christopher’s – Nisswa / St. Alice – Pequot Lakes / Our Lady of Lourdes – Pine River

Which Worship Site Will You Most Frequently Be Attending? (Please check one) St. Christopher [] St. Alice [] Our Lady of Lourdes []		
Names:	Your Name	Name of Spouse
First Name		
Middle Name		
Last Name		
(Preferred Name)		
Circle Family Status:	Head of Household / Spouse	Head of Household / Spouse
	Non-Catholic Spouse	Non-Catholic Spouse
	Other:	Other:
Contact Information:		
Mailing Address:		
Physical Address:		
Home Phone:	<input type="checkbox"/> Primary	<input type="checkbox"/> Primary
Cell Phone:	<input type="checkbox"/> Primary	<input type="checkbox"/> Primary
Email:		
Personal Information:		
Gender:	Male or Female	Male or Female
Birth Date:		
City/State of Birth:		
Father’s full Name:		
Mother’s full Maiden Name:		
Previous Stewardship at Church:		
Occupation:		
Marriage Status:		
Marriage Date:		
Sacraments received (Please give date if known, or indicate yes or no if a Sacrament has been received or not)		
Baptism		
First Communion		
Confirmation		
Diaconate		
Religious Profession		
-Would you like to receive giving envelopes? _____ YES _____ NO -Would you like to receive information about electronic giving? _____ YES _____ NO -Would you like to be on the volunteer list to help with miscellaneous projects and events? _____ YES _____ NO -Would you like to be contacted about being a Eucharistic Minister, Reader, or Usher? _____ YES _____ NO -Would you like to be added to our Prayer Chain and receive emails for prayer requests from other parishioners? _____ YES _____ NO (If yes, please provide email address under Contact Information above.) -Would you like to be contacted about our Adoration Chapel? _____ YES _____ NO		

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Names:		
	<u>Child</u>	<u>Child</u>
First Name		
Middle Name		
Last Name		
(Preferred Name)		
Circle Family Status:	Child / Grandchild	Child / Grandchild
<u>Contact Information:</u>		
Mailing Address:		
Physical Address:		
Home Phone:		
Cell Phone:		
Email:		
<u>Personal Information:</u>		
Gender:		
Birth Date:		
City/State of Birth:		
Father’s full Name:		
Mother’s full Maiden Name:		
Precious Stewardship at Church:		
Marriage Status:		
Marriage Date:		
<u>Religion Class Information:</u>		
Current Grade in School:		
Religion Classes Will Be Taken At:		
Sacraments received (Please give the date if known, or indicate yes or no if the Sacrament has been received or not)		
Baptism		
First Communion		
Confirmation		
Diaconate		
Religious Profession		
Our Lady of the Lakes Parish PO Box 759 Pequot Lakes, MN 56472 Office Phone: 278-568-4760 Email: stalicechurch@gmail.com	Parish Office Use Giving Code: _____ CDM: _____ Envelopes: _____	Parish Office Use Diocese _____ Parish Coord. _____ Education _____ Youth Ministry _____