

**Our Lady of the Assumption Parish**  
**545 Stratfield Road, Fairfield, Connecticut 06825-1872**  
**Tel. (203) 333 - 9065 Fax (203) 333 - 2562 Email ola.fairfield@sbcglobal.net**

**Parish Registration Form**

*Please complete the following and Mail it to the Rectory Office or Drop in the Collection Basket*  
**Please Print or Type Information**

**Are you New to the Parish?** (circle one) **Yes** **No**

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**Address and Mailing Information**

Name (Mr. Smith; Mr. and Mrs. Smith; Smith Family) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Mailing Address (if different) \_\_\_\_\_  
Street City State Zip

If either spouse is **NOT** Catholic, would you like parish mailings to show:  Both spouses  Catholic Spouse only

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Title (Circle if used) Mr. Mrs. Miss Ms Dr. Other (Specify) \_\_\_\_\_

Member name \_\_\_\_\_  
First Middle (Maiden) Last Suffix (Jr. Sr. etc.)

Nickname \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_  
(Town/City, State or Province & Country)

Primary Language \_\_\_\_\_ Gender: M F

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

Religion \_\_\_\_\_  Baptism  First Penance  First Communion  Confirmation

Marital Status: (Circle one) Married Divorced Widowed Separated Single  Married in the Catholic Church

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(Town/City, State or Province & Country)

Primary Language \_\_\_\_\_ Gender: M F

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

Religion \_\_\_\_\_  Baptism  First Penance  First Communion  Confirmation

Marital Status: (Circle one) Married Divorced Widowed Separated Single  Married in the Catholic Church

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**THANK YOU FOR YOUR TIME AND PATIENCE IN COMPLETING THIS FORM**

**For Office Use Only: Registration Information Entered: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Completed by \_\_\_\_\_**

**Revised 2/9/2010**

## Dependent Children at Home

Name \_\_\_\_\_  
First Middle Last Suffix (Jr. Sr. etc.)  
Nickname \_\_\_\_\_ Gender: M F Primary Language \_\_\_\_\_  
Date of Birth (mm/dd/year) \_\_\_/\_\_\_/\_\_\_ Birthplace: (Town/City, State or Province & Country) \_\_\_\_\_

Check the sacraments received. If the sacrament was received at Our Lady of the Assumption parish, please include the year, if known

Baptism \_\_\_\_\_  First Penance \_\_\_\_\_  First Communion \_\_\_\_\_  Confirmation \_\_\_\_\_

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Name \_\_\_\_\_  
First Middle Last Suffix (Jr. Sr. etc.)  
Nickname \_\_\_\_\_ Gender: M F Primary Language \_\_\_\_\_  
Date of Birth (mm/dd/year) \_\_\_/\_\_\_/\_\_\_ Birthplace: (Town/City, State or Province & Country) \_\_\_\_\_

Check the sacraments received. If the sacrament was received at Our Lady of the Assumption parish, please include the year, if known

Baptism \_\_\_\_\_  First Penance \_\_\_\_\_  First Communion \_\_\_\_\_  Confirmation \_\_\_\_\_

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Name \_\_\_\_\_  
First Middle Last Suffix (Jr. Sr. etc.)  
Nickname \_\_\_\_\_ Gender: M F Primary Language \_\_\_\_\_  
Date of Birth (mm/dd/year) \_\_\_/\_\_\_/\_\_\_ Birthplace: (Town/City, State or Province & Country) \_\_\_\_\_

Check the Sacraments received. If the sacrament was received at Our Lady of the Assumption parish, please include the year, if known

Baptism \_\_\_\_\_  First Penance \_\_\_\_\_  First Communion \_\_\_\_\_  Confirmation \_\_\_\_\_

**Note: if necessary, use additional paper for other dependents**

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### Other Members of Household (parents, relatives or others)

Title (Circle if used) Mr. Mrs. Miss Ms Dr. Other (Specify) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle (Maiden) Last Suffix (Jr. Sr. etc.)

Date of Birth (mm/dd/year) \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Primary Language \_\_\_\_\_

Religion \_\_\_\_\_  Baptism  First Penance  First Communion  Confirmation

Marital Status: (Circle one) Married Divorced Widowed Separated Single

Does this member wish to receive offertory envelopes of his/her own? (circle one) **Yes No**

**Note: if necessary, use additional paper for other members**

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**Special Needs and Situations:** In the following space feel free to describe any unique circumstance in the life of your family with which the Church might be able to assist you. For example, a family member has special needs; visits to a homebound family member are needed; the desire to pursue an annulment of one's previous marriage and other special situations about which you might want us to know.

**NOTE: All information will be kept strictly confidential**