

**OUR LADY OF THE ANGELS CATHOLIC CHURCH - REGISTRATION FORM**

12905 State Road 70 E, Lakewood Ranch, FL 34202

OFFICE: 941.752.6770      FAX: 941.752-6821



Name: \_\_\_\_\_  
 Env #: \_\_\_\_\_  
 For office use only.

**\*\*\* PLEASE PRINT ALL INFORMATION \*\*\***

**PERSONAL INFORMATION**

	HEAD OF HOUSE	SPOUSE	CHILDREN UNDER 21 (Children over 21 should complete separate registration form.)			
LAST NAME →						
FIRST NAME →						
MIDDLE NAME →						
MR. MRS, DR. etc. →						
MAIDEN NAME →						
NICK NAME →						
DATE OF BIRTH →						
GENDER →	M / F	M / F	M / F	M / F	M / F	M / F
MARITAL STATUS →						
RELIGION →						

**SACRAMENTAL INFORMATION**

BAPTIZED →	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
1ST COMMUNION →	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
CONFIRMATION →	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
MARRIAGE DATE →							
MARRIAGE →	Catholic / Other	Catholic / Other					

RESIDENCE IN FLORIDA		OTHER CURRENT RESIDENCE (If Applicable)	
MAILING ADDRESS		DATES AT ADDRESS	From:                      To:
CITY, STATE, ZIP		ADDRESS	
HOME PHONE		CITY, STATE, ZIP	
CELL PHONE		PHONE	
SPOUSE CELL PHONE			
WORK PHONE			
E-MAIL			

For Office Use Only :	DATE RECEIVED _____	DATE REGISTERED _____	WELCOME CALL _____	DOV Notification _____
	WELCOME LTR MAILED _____	INTERIM ENV MAILED _____	MINISTRY HEADS CONTACTED _____	WELCOME GROUP CONTACTED _____