

OUR LADY OF THE CAPE PARISH

Served by the Missionaries of Our Lady of La Salette

468 Stony Brook Road

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508-385-3252

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PARISH REGISTRATION FORM

PLEASE PRINT

Family Name Last _____ Phone # (____) _____ Cel # (____) _____ Unlisted (Y) (N)

Mailing Address _____ P.O. Box _____ Town _____ Zip _____

Residential Address _____ Town _____ Zip _____
(If Different)

Do you wish to use Budget Envelopes? YES _____ NO _____ Full-time Resident? YES _____ NO _____

Winter Address _____ P.O. Box _____ Town _____ Zip _____

Residing from: (Month/Day) _____ To: (Month/Day) _____ Phone No.(____) _____

Marital Status: Date of Marriage: _____ Catholic Church Marriage _____ Separated _____ Divorced _____ Widowed _____ Single _____

Please List Adults

(Head of Household-First/Middle Name

Religion

Date of Birth

Sacraments Received (Y/N)

Baptism 1st Comm

Confirm

Occupation

(Spouse First, Middle & **Maiden Name**

I/We would like to volunteer for the following ministries: _____

(M) (F)

School Age Children & Younger

Religion

Date of Birth

Baptism

1st Comm

Confirm

School

Grade
