

Our Lady of Victory Registration Form

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FAMILY NAME _____

NEW Address _____ Zip _____

Phone _____ unlisted?

OLD Address _____ Zip _____

Mr. Mrs. Ms. _____

Phone(s) _____ unlisted?

Email: _____

Birthday _____ Bapt Date _____ 1st Comm Date _____ Confirm Date _____
If you do not know the sacramental dates, please write "yes" or "no"

Occupation: _____

Mr. Mrs. Ms. _____

Phone(s) _____ unlisted?

Email: _____

Birthday _____ Bapt Date _____ 1st Comm Date _____ Confirm Date _____
If you do not know the sacramental dates, please write "yes" or "no"

Occupation: _____

Marital Status:

Married Single Widowed Divorced/Separated Wedding Date _____

Were you married in the Catholic Church? Yes No

Do you want contribution envelopes sent to you? Yes No

Children under 18 years, living at home (use back side if necessary)

If you do not know the sacramental dates, please write "yes" or "no"

Name	M/F	Birthdate	Bapt Date	1st Comm Date	Confirm Date
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____