



OUR LADY OF GOOD COUNSEL
ROMAN CATHOLIC CHURCH

Parish Registration Form

Family Name: _____ *i.e John & Jane Smith*

Mailing Address: _____

City, state, and zip code

Publish address in directories? Yes No

Alternate Address: _____

Primary Phone: _____

Secondary Phone: _____

Primary Email Address: _____

Family/Second Email Address: _____

Publish e-mail in directories? Yes No

Send mass emails to this address? Yes No

Please choose a giving option: Contribution Envelopes Online Giving

Would you like your annual contribution statements mailed or emailed? Mail Email

INDIVIDUAL NAME:

Full Name: _____

Preferred Name: _____

Gender: Male Female _____

Individual Email: _____

Phone Numbers: _____

Emergency: _____

Mobile: _____

Work: _____

Occupation: _____

Maiden Name: _____

INDIVIDUAL NAME: _____

Full Name: _____

Preferred Name: _____

Gender: Male Female

Individual Email: _____

Phone Numbers: _____

Emergency: _____

Mobile: _____

Work: _____

Occupation: _____

Maiden Name: _____

TIME AND TALENT INTEREST

Preferred Mass Time: Saturday 5PM Sunday 8AM 10AM 11:30AM

Please indicate any ministries members of your family would be interested in:

RCIA	<input type="checkbox"/>	Eucharistic Ministers-Mass	<input type="checkbox"/>
Rosary Altar Society	<input type="checkbox"/>	Eucharistic Minister-Homebound	<input type="checkbox"/>
Women of Faith	<input type="checkbox"/>	Eucharistic Minister-Hospital	<input type="checkbox"/>
Servants of the Holy Cross	<input type="checkbox"/>	Lectors	<input type="checkbox"/>
Men of St. Joseph	<input type="checkbox"/>	Cantoring	<input type="checkbox"/>
Collection Counters	<input type="checkbox"/>	Celebration Choir	<input type="checkbox"/>
Funeral Assistants	<input type="checkbox"/>	Contemporary Group	<input type="checkbox"/>
Health Ministry	<input type="checkbox"/>	Kidz4Christ Choir	<input type="checkbox"/>
Pioneer Lunch for Seniors	<input type="checkbox"/>	Teen Singers	<input type="checkbox"/>
Wedding Assistants	<input type="checkbox"/>	Musician	<input type="checkbox"/>
Thanksgiving Food Drive	<input type="checkbox"/>	AA Meetings	<input type="checkbox"/>
Food Pantry Delivery	<input type="checkbox"/>	LOOP	<input type="checkbox"/>
Mission of Hope	<input type="checkbox"/>	Catechists K-5	<input type="checkbox"/>
Greeters	<input type="checkbox"/>	Catechists 6-8	<input type="checkbox"/>
Ushers	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>
Parking Lot Attendants	<input type="checkbox"/>	Vacation Bible School	<input type="checkbox"/>
Altar Servers	<input type="checkbox"/>	Antioch Retreat	<input type="checkbox"/>
Prayer Blanket Ministry	<input type="checkbox"/>	Journey Retreat	<input type="checkbox"/>

SACRAMENTAL INFORMATION

Please complete for each family member; indicate parish, location, and date where known:

Birthdate:

Baptism:

First Communion:

Reconciliation:

Confirmed:

Marriage:

VIRTUS:

SACRAMENTAL INFORMATION

Please complete for each family member; indicate parish, location, and date where known:

Birthdate:

Baptism:

First Communion:

Reconciliation:

Confirmed:

Marriage:

VIRTUS:

SACRAMENTAL INFORMATION

Please complete for each family member; indicate parish, location, and date where known:

Birthdate: _____

Baptism: _____

First Communion: _____

Reconciliation: _____

Confirmed: _____

Marriage: _____

VIRTUS: _____

SACRAMENTAL INFORMATION

Please complete for each family member; indicate parish, location, and date where known:

Birthdate: _____

Baptism: _____

First Communion: _____

Reconciliation: _____

Confirmed: _____

Marriage: _____

VIRTUS: _____

SACRAMENTAL INFORMATION

Please complete for each family member; indicate parish, location, and date where known:

Birthdate:

Baptism:

First Communion:

Reconciliation:

Confirmed:

Marriage:

VIRTUS:

SACRAMENTAL INFORMATION

Please complete for each family member; indicate parish, location, and date where known:

Birthdate:

Baptism:

First Communion:

Reconciliation:

Confirmed:

Marriage:

VIRTUS: