

OUR LADY OF VICTORY CATHOLIC CHURCH

WELCOME TO OUR COMMUNITY — THE FOLLOWING INFORMATION WILL BE TREATED AS A CONFIDENCE

Please **PRINT** all information

Date of Registration: _____

FAMILY LAST NAME:				Married G	Single G	Widowed G	Separated G	Divorced G
Address:				Do you reside at this address Full Time G Part Time G				
City:		Zip Code:		Family Email Address:				
Mailing Address <i>if different from above:</i>								
Emergency Contact Info:		Name:			Address:			
Emergency Phone Numbers:		Home:	Work:		Cell:		Relationship to you:	
FIRST NAME:		Date of Birth	Religion	Baptism Yes or No	Eucharist Yes or No	Confirmation Yes or No	Place of employment and profession: (If retired, please enter former occupation.)	
Mr								
Phone numbers: Home:		Work:			Cell:			
Miss/Mrs/Ms								
Phone numbers: Home:		Work:			Cell:		Maid en Name:	
Children under 18 years of age. Show the last name only when different from above.		Date of Birth	Religion	Baptism Yes or No	Eucharist Yes or No	Confirmation Yes or No	Name of School	Grade
G M G F								
G M G F								
G M G F								
G M G F								
G M G F								
Other persons living with you:		Date of Birth	Religion	Baptism Yes or No	Eucharist Yes or No	Confirmation Yes or No	Relationship to head of household:	
G M G F								
G M G F								

Office Use Only: CDB # _____