

**OUR LADY OF THE MOUNTAIN  
CENSUS REGISTRATION FORM**

ENVELOPE # \_\_\_\_\_

**PLEASE PRINT**

DATE \_\_\_\_\_

FAMILY NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET TOWN, STATE & ZIP CODE

E-MAIL ADDRESS \_\_\_\_\_

You will automatically receive church emails. You may cancel @ anytime.

**HEAD OF HOUSEHOLD**

STATUS (*Check one*)    Married { }    Widowed { }    Divorced { }    Separated { }    Single Adult { }

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_    Male { }    Female { }    Mrs. { }    Ms. { }    Miss { }

DATE OF BIRTH \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**SPOUSE**

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CELL PHONE \_\_\_\_\_

*Children 21 years of age or younger, living at home or in college, please complete the following form.*

**FIRST CHILD**

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_    MALE { }    FEMALE { }

DATE OF BIRTH \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_

ATTENDING RELIGIOUS INSTRUCTION    YES { }    NO { }

*Please check the Sacraments your child has received.*

BAPTISM { } EUCHARIST { } CONFIRMATION { }

## SECOND CHILD

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ MALE { } FEMALE { }

DATE OF BIRTH \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_

ATTENDING RELIGIOUS INSTRUCTION YES { } NO { }

*Please check the Sacraments your child has received.*

BAPTISM { } EUCHARIST { } CONFIRMATION { }

## THIRD CHILD

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ MALE { } FEMALE { }

DATE OF BIRTH \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_

ATTENDING RELIGIOUS INSTRUCTION YES { } NO { }

*Please check the Sacraments your child has received.*

BAPTISM { } EUCHARIST { } CONFIRMATION { }

## FOURTH CHILD

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ MALE { } FEMALE { }

DATE OF BIRTH \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_

ATTENDING RELIGIOUS INSTRUCTION YES { } NO { }

*Please check the Sacraments your child has received.*

BAPTISM { } EUCHARIST { } CONFIRMATION { }

*IF THE CHILDREN HAVE A DIFFERENT LAST NAME PLEASE NOTE THIS ON THE FORM.*

*IF THERE ARE MORE THAN FOUR CHILDREN, 21 YEARS OF AGE OR YOUNGER, LIVING AT HOME WITH YOU, PLEASE CONTINUE ON A BLANK SHEET OF PAPER OR ASK FOR A SECOND FORM.*