



Our Lady of Grace Catholic Church

Maricopa, Arizona

Registration Form

FOR OFFICE USE ONLY:

Date received: _____

Family ID#: _____

Family Information

Last Name:			
Street Address:		City:	ZIP Code:
Mailing Address (PO Box):		City:	ZIP Code:
Home Phone:	Unlisted? Yes No	Email:	
Alternate Address for Winter Residents :			
City:		State:	ZIP Code:
Active FROM Month: Day:	TO Month: Day:	Send mail to alternate address? Yes No	Alt Phone:

Head of Household or Husband Information

Last Name:		First Name:		Middle or Nickname:	
Marital Status:			Date of Birth:		Male or Female:
Cell Phone:		Work Phone:		Email:	
Religion:		Language		Ethnicity:	
Occupation:		Employer:		Handicap:	
Place of Birth:		Father's Name		Mother's Maiden Name	
Baptized? Yes No	Date:	Church Name:		City/State:	

Adult or Wife Information

Last Name:		First Name:		Middle or Nickname:	
Marital Status:			Date of Birth:		Male or Female:
Cell Phone:		Work Phone:		Email:	
Religion:		Language		Ethnicity:	
Occupation:		Employer:		Handicap:	
Place of Birth:		Father's Name		Mother's Maiden Name	
Baptized? Yes No	Date:	Church Name:		City/State:	

Child

Last Name:		First Name:		Middle or Nickname:	
Child, Teen, or Young Adult?			Date of Birth:		Male or Female:
Religion:		Language		Ethnicity:	
Place of Birth:		Father's Name		Mother's Maiden Name	
Baptized? Yes No	Date:	Church Name:		City/State:	

Child

Last Name:		First Name:		Middle or Nickname:	
Child, Teen, or Young Adult?			Date of Birth:		Male or Female:
Religion:		Language		Ethnicity:	
Place of Birth:		Father's Name		Mother's Maiden Name	
Baptized? Yes No	Date:	Church Name:		City/State:	

Child

Last Name:		First Name:		Middle or Nickname:	
Child, Teen, or Young Adult?			Date of Birth:		Male or Female:
Religion:		Language		Ethnicity:	
Place of Birth:		Father's Name		Mother's Maiden Name	
Baptized? Yes No	Date:	Church Name:		City/State:	

Please complete another form if more than three children