



Our Lady of Grace
 1088 Ridge Road
 Hinckley, OH 44233
 (330) - 278-4121 FAX: (330) 278-2849

<u>For Office Use Only</u>	
Registration Date:	
Envelope: Regular or C/E?	
Entered in Parish Soft?	
Entered in Steward Soft?	

Family Information:		Online Giving ? (circle one)	Parish School of Religion (PSR for kids) ? Yes or No (Circle One)		
		Regular Env?			
Family Name:	Home Address	City	Zip	Contact Phone # (Cell, Home?)	

	Prefix:	First Name	Last Name (and Mother's Maiden Name)	Head of Household Y or N	Gender	E-Mail Address	Religion
Male (Father) (#1)							
Catholic Marriage: Yes or No (circle one)		Church of Marriage and City/State:		Previous Marriage -- Annulment? Yes or No (circle one)			
Female (Mother) (#2)							
Catholic Marriage: Yes or No (circle one)		Church of Marriage and City/State:		Previous Marriage -- Annulment? Yes or No (circle one)			
Member #3							
Member #4							
Member #5							
Member #6							
Member #7							

Employment Data:		
Member #	Employment Data (Place/Position)	Phone #

<i>Skills you have to share:</i>

Are you presently active in a parish organization? Yes No

If not, would you like to be involved? Yes No

Complete Both Sides

For Additional Family Members Use Another Form

Sacraments for each member

Parish of BAPTISM is required as that is your original Parish of Record.

Member # 1 - Name:		Email:		Phone:	
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):				Date of Birth:	
	Date	Year	Parish Name (city/state)	Celebrant/Priest	
Baptism					
1st Reconciliation					
First Eucharist					
Confirmation					
Marriage					
Other					

Member # 2 - Name:		Email:		Phone:	
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):				Date of Birth:	
	Date	Year	Parish Name (city/state)	Celebrant/Priest	
Baptism					
1st Reconciliation					
First Eucharist					
Confirmation					
Marriage					
Other					

Member # 3 - Name:		Email:		Phone:	
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):				Date of Birth:	
	Date	Year	Parish Name (city/state)	Celebrant/Priest	
Baptism					
1st Reconciliation					
First Eucharist					
Confirmation					
Marriage					
Other					

Member # 4 - Name:		Email:		Phone:	
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):				Date of Birth:	
	Date	Year	Parish Name (city/state)	Celebrant/Priest	
Baptism					
1st Reconciliation					
First Eucharist					
Confirmation					
Marriage					
Other					

Sacraments for each member

Parish of BAPTISM is required as that is your original Parish of Record.

EMERGENCY CONTACT INFORMATION:		
Main Contact:		
NAME	PHONE NUMBER	RELATIONSHIP
Secondary Contact:		
NAME	PHONE NUMBER	RELATIONSHIP

Member # 5 - Name:		Email:		Phone:	
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):				Date of Birth:	
	Date	Year	Parish Name (city/state)	Celebrant/Priest	
Baptism					
1st Reconciliation					
First Eucharist					
Confirmation					
Marriage					
Other					

Member # 6 - Name:		Email:		Phone:	
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):				Date of Birth:	
	Date	Year	Parish Name (city/state)	Celebrant/Priest	
Baptism					
1st Reconciliation					
First Eucharist					
Confirmation					
Marriage					
Other					

Member # 7 - Name:		Email:		Phone:	
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):				Date of Birth:	
	Date	Year	Parish Name (city/state)	Celebrant/Priest	
Baptism					
1st Reconciliation					
First Eucharist					
Confirmation					
Marriage					
Other					