



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

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

<b>Family Information:</b>		Online Giving ?	Regular Env?	(circle one)	Parish School of Religion (PSR for kids) ? Yes or No (Circle One)
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						

<b>Employment Data:</b>		
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**

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

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

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

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

<b>EMERGENCY CONTACT INFORMATION:</b>		
<b>Main Contact:</b>		
<b>NAME</b>	<b>PHONE NUMBER</b>	<b>RELATIONSHIP</b>
<b>Secondary Contact:</b>		
<b>NAME</b>	<b>PHONE NUMBER</b>	<b>RELATIONSHIP</b>

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

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

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