

I WANT GA BULLETIN

YES NO

I WANT ENVELOPES

YES NO

Date
/ /

Our Lady of the Mountains
ROMAN * CATHOLIC * CHURCH
1908 Waleska Highway 108 * Jasper, GA 30143
706-253-3078 * Fax 706-253-3077 * olmjasper.com * ladyofthemts@ellijay.com

Envelope #

REGISTRATION

Family Information

Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Emergency Phone _____ Family Email _____

Individual Member Information

ROLE (Head of Household, Husband, Wife)	_____	_____
LEGAL FIRST NAME	_____	_____
LEGAL MIDDLE NAME	_____	_____
NICKNAME	_____	_____
GENDER (Male / Female)	_____	_____
MAIDEN NAME (If Married Female)	_____	_____
DATE OF BIRTH (mm/dd/yyyy)	_____	_____
PERSONAL EMAIL	_____	_____
CELL PHONE	_____	_____
WORK PHONE	_____	_____
OCCUPATION	_____	_____

SACRAMENTAL INFORMATION	Yes / No	Yes / No
BAPTIZED?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baptized Catholic?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Received 1 st Communion?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Confirmed?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
RCIA / OCIA?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
MARITAL STATUS		
SINGLE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
MARRIED	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Date married (mm/dd/yyyy)	_____ / _____ / _____	_____ / _____ / _____
Married by a Catholic priest?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
SEPARATED	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
DIVORCED	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Previous marriage(s) annulled?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Please use other side to list ONLY DEPENDENT CHILDREN LIVING with you.

Dependent Children Information

RELATIONSHIP TO HEAD OF HOUSEHOLD (Son, Daughter, Father, Mother, Stepson, Foster Daughter, etc.)	FIRST	MIDDLE LAST	NICKNAME
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BIRTH	BAPTISM	CATHOLIC BAPTISM?	1 ST CONFESSION	1 ST COMMUNION	CONFIRMATION
/ /	/ /	YES <input type="checkbox"/> / NO <input type="checkbox"/>	/ /	/ /	/ /

← DATES (Format mm/dd/yyyy)

RELATIONSHIP TO HEAD OF HOUSEHOLD (Son, Daughter, Father, Mother, Stepson, Foster Daughter, etc.)	FIRST	MIDDLE LAST	NICKNAME
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BIRTH	BAPTISM	CATHOLIC BAPTISM?	1 ST CONFESSION	1 ST COMMUNION	CONFIRMATION
/ /	/ /	YES <input type="checkbox"/> / NO <input type="checkbox"/>	/ /	/ /	/ /

← DATES (Format mm/dd/yyyy)

RELATIONSHIP TO HEAD OF HOUSEHOLD (Son, Daughter, Father, Mother, Stepson, Foster Daughter, etc.)	FIRST	MIDDLE LAST	NICKNAME
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BIRTH	BAPTISM	CATHOLIC BAPTISM?	1 ST CONFESSION	1 ST COMMUNION	CONFIRMATION
/ /	/ /	YES <input type="checkbox"/> / NO <input type="checkbox"/>	/ /	/ /	/ /

← DATES (Format mm/dd/yyyy)

RELATIONSHIP TO HEAD OF HOUSEHOLD (Son, Daughter, Father, Mother, Stepson, Foster Daughter, etc.)	FIRST	MIDDLE LAST	NICKNAME
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BIRTH	BAPTISM	CATHOLIC BAPTISM?	1 ST CONFESSION	1 ST COMMUNION	CONFIRMATION
/ /	/ /	YES <input type="checkbox"/> / NO <input type="checkbox"/>	/ /	/ /	/ /

← DATES (Format mm/dd/yyyy)

Please use another sheet if you have more than four dependent children.