

**OUR LADY OF PERPETUAL HELP ROMAN CATHOLIC CHURCH  
REGISTRATION FORM**

(Please Print)

Today's Date:				ID/Envelope Number:				
MEMBER INFORMATION								
Last Name:		First:		Middle:		<input type="checkbox"/> Dr.	<input type="checkbox"/> Mrs.	Marital Status (check one) Single / Mar / Div / Sep / Wid
						<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	
Street Address:				E-mail Address:		Birth Date:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:		State:		ZIP Code:		Home Phone No.:		Cell Phone No.:
Mailing Address (if different):							Religious Denomination:	
City:		State:		Zip Code:		Language(s) Spoken:		
Occupation:				Country of Origin:		Communication Preference: <small>(please check one and provide info)</small> <input type="checkbox"/> Call <input type="checkbox"/> E-mail <input type="checkbox"/> Text		
Please indicate whether you are a member or if you would like to receive information about a Ministry and/or an Organization.								

MEMBER	INFO	MINISTRY/ORGANIZATION	MEMBER	INFO	MINISTRY/ ORGANIZATION	MEMBER	INFO	MINISTRY/ORGANIZATION
<input type="checkbox"/>	<input type="checkbox"/>	BEREAVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH MINISTRY	<input type="checkbox"/>	<input type="checkbox"/>	MENS CLUB
<input type="checkbox"/>	<input type="checkbox"/>	BLESSED VIRGIN OF THE SODALITY	<input type="checkbox"/>	<input type="checkbox"/>	HILLTOPPERS (55 AND OVER)	<input type="checkbox"/>	<input type="checkbox"/>	USHERS
<input type="checkbox"/>	<input type="checkbox"/>	BROTHER AND SISTERS IN CHRIST (BASIC)	<input type="checkbox"/>	<input type="checkbox"/>	KNIGHTS OF THE ALTAR (KOTA)	<input type="checkbox"/>	<input type="checkbox"/>	WOMENS MINISTRY
<input type="checkbox"/>	<input type="checkbox"/>	CHOIRS	<input type="checkbox"/>	<input type="checkbox"/>	LADIES OF CHARITY	<input type="checkbox"/>	<input type="checkbox"/>	YOUTH CLUB
<input type="checkbox"/>	<input type="checkbox"/>	CURSILLO	<input type="checkbox"/>	<input type="checkbox"/>	LECTORS	<input type="checkbox"/>	<input type="checkbox"/>	YOUTH ORGANIZATIONS
<input type="checkbox"/>	<input type="checkbox"/>	ENVIRONMENT	<input type="checkbox"/>	<input type="checkbox"/>	LITURGICAL DANCE			
<input type="checkbox"/>	<input type="checkbox"/>	EUCCHARIST MINISTRIES	<input type="checkbox"/>	<input type="checkbox"/>	LITURGY COMMITTEE			

Which Mass will you mostly likely attend?				<input type="checkbox"/> 4:30 pm Saturday Vigil		<input type="checkbox"/> 8:00 am Sunday		<input type="checkbox"/> 11:00 am Sunday	
Are you restricted to your home due to sickness or disability?				<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Do you know anyone interested in becoming a Catholic? If so, who?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you interested in becoming a Priest, Sister, Brother, or Permanent Deacon?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	

**OTHER FAMILY MEMBER INFORMATION**

<input type="checkbox"/> Spouse	<input type="checkbox"/> Adult (18+)	<input type="checkbox"/> Child	<input type="checkbox"/> Other	ID/Envelope Number:				
Last Name:		First:		Middle:		<input type="checkbox"/> Dr.	<input type="checkbox"/> Mrs.	Marital status (check one) Single / Mar / Div / Sep / Wid
						<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	
Street Address:				E-mail Address:		Birth Date:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:		State:		ZIP Code:		Home Phone No.:		Cell Phone No.:
Mailing Address (if different):							Religious Denomination:	
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<input type="checkbox"/>	<input type="checkbox"/>	BEREAVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH MINISTRY	<input type="checkbox"/>	<input type="checkbox"/>	MENS CLUB
<input type="checkbox"/>	<input type="checkbox"/>	BLESSED VIRGIN OF THE SODALITY	<input type="checkbox"/>	<input type="checkbox"/>	HILLTOPPERS (55 AND OVER)	<input type="checkbox"/>	<input type="checkbox"/>	USHERS
<input type="checkbox"/>	<input type="checkbox"/>	BROTHER AND SISTERS IN CHRIST (BASIC)	<input type="checkbox"/>	<input type="checkbox"/>	KNIGHTS OF THE ALTAR (KOTA)	<input type="checkbox"/>	<input type="checkbox"/>	WOMENS MINISTRY
<input type="checkbox"/>	<input type="checkbox"/>	CHOIRS	<input type="checkbox"/>	<input type="checkbox"/>	LADIES OF CHARITY	<input type="checkbox"/>	<input type="checkbox"/>	YOUTH CLUB
<input type="checkbox"/>	<input type="checkbox"/>	CURSILLO	<input type="checkbox"/>	<input type="checkbox"/>	LECTORS	<input type="checkbox"/>	<input type="checkbox"/>	YOUTH ORGANIZATIONS
<input type="checkbox"/>	<input type="checkbox"/>	ENVIRONMENT	<input type="checkbox"/>	<input type="checkbox"/>	LITURGICAL DANCE			
<input type="checkbox"/>	<input type="checkbox"/>	EUCHARIST MINISTRIES	<input type="checkbox"/>	<input type="checkbox"/>	LITURGY COMMITTEE			

Which Mass will you mostly likely attend?  4:30 pm Saturday Vigil  8:00 am Sunday  11:00 am Sunday

Are you restricted to your home due to sickness or disability?  Yes  No

Do you know anyone interested in becoming a Catholic? If so, who?  Yes  No

Are you interested in becoming a Priest, Sister, Brother, or Permanent Deacon?  Yes  No

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