



Our Lady of the Lake Roman Catholic Parish

1975 Daytona Dr., Lake Havasu City, AZ 86403

928-855-2685 Fax 928-855-7172

PARISH REGISTRATION NEW UPDATED

PLEASE PRINT ALL INFORMATION

(all responses will be kept confidential)

OFFICIAL USE ONLY

Env. # _____ Rolodex _____

Date Rec: _____

Date Data Entry: _____

Int: _____

FAMILY NAME: _____
(Last) (First) (Middle Initial)

MARITAL STATUS: Catholic Marriage Married Single Divorced Separated Widowed Partnered

SPOUSE: _____ Date of Marriage: _____ TITLE: Mr. Mrs. Ms. Mr./ Mrs.

HOME ADDRESS: _____
(Street) (City) (State) (Zip)

Mailing Address: (if different) _____

Home State Address: (if Seasonal visitor) _____

PHONE #: Home _____ Cell#1 _____ Cell#2 _____ Home State _____ Work _____

SEASONAL VISITOR: Months in Lake Havasu City: _____ TO _____

Do you wish to: receive envelopes use online banking use pew envelopes

Do you wish to receive the Diocesan Newspaper, *The Catholic Sun*? Yes No

~~~~~ PLEASE COMPLETE REVERSE SIDE ~~~~~

## Members of Household Information (Living with you or children in school or college)

Please tell us about you and your family. Fill out the information clearly and carefully. **Yes or No** is sufficient if date is unknown. Thank you!

|                                                               | Your information                                                         | Spouse information                                                       | Child                                                                    | Child                                                                    | Child                                                                    | Other                                                                    |
|---------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>First Name</b>                                             |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Last Name</b><br><small>(if different)</small>             |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Religion</b>                                               |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Email address</b>                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Handicapped</b>                                            |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Language Spoken</b><br><small>(other than English)</small> |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Occupation/Retired</b>                                     |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Employer's Name</b>                                        |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>If Student, School Attending</b>                           |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Business Phone</b>                                         |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Sex</b>                                                    | <input type="checkbox"/> M <input type="checkbox"/> F                    | <input type="checkbox"/> M <input type="checkbox"/> F                    | <input type="checkbox"/> M <input type="checkbox"/> F                    | <input type="checkbox"/> M <input type="checkbox"/> F                    | <input type="checkbox"/> M <input type="checkbox"/> F                    | <input type="checkbox"/> M <input type="checkbox"/> F                    |
| <b>Birth Date</b>                                             |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |                                                                          |
| <b>Baptism</b>                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> |
| <b>First Reconciliation (Confession)</b>                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> |
| <b>First Communion</b>                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> |
| <b>Confirmation</b>                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> |
| <b>Catholic Marriage</b>                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Date:</i> |

## Comments & Special Needs

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