



Welcome to

Blessed Sacrament Catholic Church Registration Date: _____

Male Head of Household Information Cell Phone: _____				Female Head of Household Information Cell Phone: _____			
Last Name: _____		First Name: _____		Last Name: _____		First Name: _____	
Title: (e.g., Mr., Mrs., Dr.) _____		Middle Name: _____		Title: (e.g., Mrs. Ms. Dr.) _____		Maiden Name: _____	
Birthdate: _____		Preferred Name: _____		Birthdate: _____		Middle Name: _____	
Occupation: _____				Occupation: _____ Preferred Name: _____			
Religion: _____		Languages Spoken: _____		Religion: _____		Languages Spoken: _____	
Email: _____				Email: _____			
Sacraments received: Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>				Sacraments received: Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>			
Marital Status (check one): Married in Catholic Church <input type="checkbox"/> Married Civilly <input type="checkbox"/> Date of Marriage: _____				Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
FAMILY INFORMATION							
Street Address: _____							
City/State/Zip: _____							
Best Phone and email for contacting: _____							
FAMILY MEMBER INFORMATION							
Children at Home	Last Name	Sex	Birthdate	Religion	Baptized	First	Confirmation
First Name	(If different)	M/F				Communion	
1)					Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2)					Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3)					Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4)					Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5)					Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Does any family member have a handicap or special need: No Yes (please explain)							

**Thank you for taking the time to register. Place registration in the collection basket or mailed to:
Blessed Sacrament Catholic Church, PO Box 2546, Lawton, OK 73502**