

# Our Lady of Victory Registration Information

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  **unlisted?**

Mr.  Mrs.  Ms. \_\_\_\_\_

Occupation \_\_\_\_\_

Birthday \_\_\_\_\_ Bapt Date \_\_\_\_\_ 1st Comm Date \_\_\_\_\_ Confirm Date \_\_\_\_\_

*If you do not know the sacramental dates, please write "yes" or "no"*

Email: \_\_\_\_\_

Mr.  Mrs.  Ms. \_\_\_\_\_

Occupation \_\_\_\_\_

Birthday \_\_\_\_\_ Bapt Date \_\_\_\_\_ 1st Comm Date \_\_\_\_\_ Confirm Date \_\_\_\_\_

*If you do not know the sacramental dates, please write "yes" or "no"*

Email: \_\_\_\_\_

## Marital Status:

Married  Single  Widowed  Divorced/Separated Wedding Date \_\_\_\_\_

Were you married in the Catholic Church?  Yes  No

Maiden name (if applicable) \_\_\_\_\_

Do you want contribution envelopes sent to you?  Yes  No

Children under 18 years, living at home (use back side if necessary)

*If you do not know the sacramental dates, please write "yes" or "no"*

Name	M/F	Birthdate	Bapt Date	1st Comm Date	Confirm Date
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