

Registration Date ____/____/____

Our Lady of Lourdes Parish
2700 E. Mechanic St.
Harrisonville, MO 64701

Family Information

Last Name _____	Previous Parish/City/State _____
Family Email _____	Mailing Name _____
Home Phone_(____)_____-_____	Emergency Phone_(____)_____-_____
Address _____	City/State/Zip _____

Member Information

Last/First Name _____	Nick Name _____
Role _____	Gender M / F
Date of Birth _____	Maiden Name _____
Email _____	Birth Place _____
Work Phone_(____)_____-_____	Cell Phone_(____)_____-_____
Ethnicity _____	First Language _____
Single _____ Married _____ Divorced _____ Separated _____ Widowed _____	
Special Needs _____	

Sacrament Information

___ Catholic ___ Other: _____	Interested in Becoming Catholic? _____
___ Baptism ___/___/___	___ Confirmation ___/___/___
Location _____	Location _____
___ First Eucharist ___/___/___	___ Marriage ___/___/___ Catholic? ___ Convalidation? ___
Location _____	Location _____

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___ First Eucharist ___/___/___	___ Marriage ___/___/___ Catholic? ___ Convalidation? ___
Location _____	Location _____

Additional Members

Member Information

Last/First Name _____ Nick Name _____
 Role _____ Gender M / F
 Date of Birth _____ Maiden Name _____
 Email _____ Birth Place _____
 Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
 Ethnicity _____ First Language _____
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