

REGISTRATION & CENSUS INFORMATION

CHURCH OF OUR LADY OF FATIMA

2216 ROSA ROAD
SCHENECTADY, NY 12309
518-370-3136
olfatima.cc

Date Registered: ____ / ____ / ____

Family ID/envelope number: _____

FAMILY NAME: _____ # CHILDREN AT HOME: _____

Preferred title (please circle one): Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. other: _____

ADDRESS: _____ CITY: _____ STATE: NY or other: ____ ZIP: _____

PRIMARY EMAIL: _____ ALTERNATE EMAIL_1: _____ DESCRIPTION: _____

PRIMARY PHONE: _____ Unlisted: Y / N ALTERNATE PHONE_1: _____ Unlisted: Y / N

CHURCH ATTENDANCE: FREQUENT REGULAR OCCASIONAL SELDOM REQUESTING ENVELOPES: Y / N

MEMBER SPECIFIC INFORMATION (registering more than four members please utilize page2 – the back side of this form)

	HEAD	SPOUSE	CHILD 1	CHILD 2/OTHER
FIRST NAME				
MAIDEN NAME or LAST NAME (if different)				
GENDER	M F	M F	M F	M F
BIRTH DATE (mm/dd/yyyy)	/ /	/ /	/ /	/ /
MARITAL STATUS				
PROMINENT LANGUAGE				
OCCUPATION				
SACRAMENTS RECEIVED: For each member, please circle H if Sacrament was received at Church of OLF, Y if Sacrament was received but the specific date is unknown, N if Sacrament has not been received, U if no information is known of Sacrament. Date format (mm/dd/yyyy).				
BAPTISM DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
FIRST RECONCILIATION DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
FIRST EUCHARIST DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
CONFIRMATION DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
MARRIAGE DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
PARTICIPATION IN OUR COMMUNITY: We are "a people called to be kind and loving; a worshipping community willing to give witness to the faith through word and service." Please share with us your time, passions and talents. We invite and welcome your participation.				
MINISTRIES / TALENTS				
MINISTRIES / TALENTS				
ADDITIONAL VOLUNTEER INTERESTS:				
ADDITIONAL VOLUNTEER INTERESTS:				

PLEASE SHARE YOUR CONCERNS, SPECIAL NEEDS, OR ADDITIONAL REMARKS IN THE SPACE PROVIDED AT THE BOTTOM OF PAGE TWO.

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Page 2.

MEMBER SPECIFIC INFORMATION

	CHILD 3 / OTHER	CHILD 4 / OTHER	CHILD 5 / OTHER	CHILD 6 / OTHER
FIRST NAME				
MAIDEN NAME or LAST NAME (if different)				
GENDER	M F	M F	M F	M F
BIRTH DATE (mm/dd/yyyy)	/ /	/ /	/ /	/ /
MARITAL STATUS				
PROMINENT LANGUAGE				
OCCUPATION				
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FIRST RECONCILIATION DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
FIRST EUCHARIST DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
CONFIRMATION DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
MARRIAGE DATE (mm/dd/yyyy)	H Y N U / /	H Y N U / /	H Y N U / /	H Y N U / /
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MINISTRIES / TALENTS				
MINISTRIES / TALENTS				
ADDITIONAL VOLUNTEER INTERESTS:				
ADDITIONAL VOLUNTEER INTERESTS:				

SPECIAL CONCERNS AND ADDITIONAL REMARKS: _____
