

ST. OLAF PARISH REGISTRATION FORM

Last Name _____ Address _____ PO Box _____
 City _____ Zip _____
 Phone _____ Cell Phone _____ Email _____

Please fill in the form below for ALL your family. (Note: Marital status—Married, Single, Widowed, Separated, or Divorced)

PERSON FILLING OUT FORM

SPOUSE (IF APPLICABLE)

First Name & Initial _____	_____
Maiden Name of Wife _____	_____
Date of Birth _____	_____
Religion _____	_____
Occupation _____	_____
Work Phone _____	_____
Marital Status _____	_____
Date Married _____	Church _____

CHILDREN LIVING AT HOME (Please give their last name if different than yours.)

Name	Attending St. Olaf Rel. Ed. Y/N	Grade	Sex M/F	Birth Date	Baptism Y/N; Church of Baptism	FE Y/N	REC Y/N	CONF Y/N

FE = First Eucharist REC = Reconciliation CONF = Confirmation Y = Yes N = No

Disabled living at home / Other home bound _____
 Nature of disability _____
 Name _____ Age _____
 Other adults living in home _____
 In college or other school _____

Do you wish to receive the Catholic Herald Newspaper Yes No

Please return this form to: St. Olaf Catholic Church, 623 Jefferson Street, DeForest 53532 (608-846-5726)