Our Lady of the Assumption **Catholic Church**

1350 Hearst Drive Brookhave

Parish Registration

PLEASE PRINT CLEARLY

Complete this form and return it to the parish office through regular mail or email - or by dropping in the collection basket. Submit via email to our Communications Director at astephens@olachurch.org.

Brookhaven Ga 30319	Check One: New Parishioner Registration Updated Informa Today's Date:	ation			
404-261-7181 404-364-1913 (fax) www.olachurch.org	Family Last Name:				
	Previous Parish:				
	Primary Language:				
CONTACT INFORMATION					
(Street)	(Apt./Suite) (City) (State)	(Zip)			
Primary Phone:	Primary Email:				
Emergency Contact Name:	Relationship:				
Emergency Contact Phone:					
HEAD OF HOUSEHOLD #1					
Full Name:	Nickname:				
Email:	Phone:				
Member Type: (Head/Husband/Wi	fe/Child/Etc) Gender: Birth Date:				
	Marital Status: Occupation:				
Baptism	ist dates of sacraments received. Check if date unknown.): Marriage t Holy Orders				
HEAD OF HOUSEHOLD #2					
Full Name:	Nickname:				
Email:	Phone:				
Member Type:	Gender: Birth Date:				
Religion:	Marital Status: Occupation:				
Baptism	e list dates of sacraments received. Check if date unknown.): Marriage ist Holy Orders				
Office Use Only: Env# Letter Sent Ente	ed by: (Please use back page for additional family me	embers.)			

Family Last Name:

Full Name: _			Nickname:
Member Type:		Gender:	Birth Date:
(Husbullu, Wile/Clinu/Etc)		
Religion:	Marital Status:		_ Occupation:
Sacraments Rea	ceived (Please list dates of sac _ Baptism		
	_ First Eucharist	Holy Ord	ers
	EMBER		
Full Name:			Nickname:
Member Type:	(Husband/Wife/Child/Etc)	Gender:	Birth Date:
Religion:	Marital Status	:	Occupation:
		icraments receive Marriage Holy Orc	e
ADDITIONAL M Full Name:	EMBER		Nickname:
			Birth Date:
		:	Occupation:
Sacraments R		acraments receiv Marriag	red in blank. Check if date unknown.) e
		Holy Ord	
	EMBER		
	EMBER		Nickname:
ADDITIONAL MI Full Name:			
ADDITIONAL MI Full Name: Member Type:	(Husband/Wife/Child/Etc)	Gender:	