

# Our Lady of Lebanon Maronite Catholic Church

## Registration Form (CONFIDENTIAL - For Church Use Only)

Please return completed form to Parish Office, or place in Mass collection basket

Mailing: Ms Miss Mrs Mr Mr&Mrs Other _____		Telephone No.		Envelope No.			
Family Name: _____		Date of Registration		Wish to receive <i>publications</i> ? ____ Yes ____ No			
Address: _____ City _____ State ____ Zip _____		E-mail: _____		Do you wish a Pastoral Visit? ____ Yes ____ No			
Preferred Language (Circle): English Arabic Spanish Other: _____							
Single Male/Husband	D.O.B.	Religion	Marital Stat	Occupation - Place of Business - Business Phone			
Single Female/Wife (first & maiden name)	D.O.B.	Religion	Marital Stat	Occupation - Place of Business - Business Phone			
Children: First Name & Last Name (if different)	D.O.B.	Sex	Baptism	Eucharist	Penance	Confirmation	Name of School or Occupation
Others in Household - Relationship							

Please indicate here any questions or concerns:

Someone to phone me    Pastoral Counseling    Homebound    House Blessing    Home Visit    Handicapped    Other:

Please indicate interests by Family Member name:

Sacramental and Liturgical needs:                      Religious Education:                      Youth Group (MYO)

Ushers:                      Altar Servers:                      Choir:                      Lectors:

Events: Golf Outings, Spiritual Retreats, Dinner parties, Picnics: