

Our Lady of Victory Parish

Family Registration

230 S Main Street Centerville, MA 02632
Phone: (508) 775-5744 Fax: (508) 775-0170

Registration Date: __ / __ / __

Would you like to receive Weekly Offering Envelopes? Y / N
for office use only Env# _____

Family Information:

Last Name: _____

Home Phone: _____

First Name(s) _____

Family Email: _____

Address: _____

Preferred method of receiving communications:

City: _____ State: _____

Paper Email (please circle one)

Zip: _____ - _____

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon? Y / N Anniversary Date: __ / __ / __ Wedding Church/City: _____

Husband/Head:

Wife:

Active Catholic: Active / Inactive / Other: _____

Active / Inactive / Other _____

Name: _____

_____ (Maiden)

DOB: __ / __ / __

__ / __ / __

Sacramental Info: Baptized? Y / N Catholic? Y / N
 RCIA? Y / N

Baptized? Y / N Catholic? Y / N
 RCIA? Y / N

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N

Occupation: _____

Work Phone: _____

Email: _____

Children Information

Child Name:

DOB

Sex

Grad Year

_____ __ / __ / __ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. __ / __ / __ __ / __ / __ __ / __ / __ __ / __ / __

_____ __ / __ / __ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. __ / __ / __ __ / __ / __ __ / __ / __ __ / __ / __

_____ __ / __ / __ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. __ / __ / __ __ / __ / __ __ / __ / __ __ / __ / __

_____ __ / __ / __ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. __ / __ / __ __ / __ / __ __ / __ / __ __ / __ / __