



FATHER

MOTHER

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
(City, State)

Birthplace: \_\_\_\_\_  
(City, State)

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Stepparent's/Guardian's Name (if applicable) \_\_\_\_\_

Are you a registered parishioner of OLW Church? (Circle) YES NO

If yes, list parish envelope number: \_\_\_\_\_

I agree to have my child(ren) photographed for print/media releases. YES NO

*For Office Use Only*

Date Received \_\_\_\_\_ Initials \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_

Check Amount \$ \_\_\_\_\_ Check Number \_\_\_\_\_