

**Our Lady of Lourdes
Registration Form
4723 NW Franklin St. , Vancouver, WA 98663**

Date: _____

Last Name: _____ (Mr/Mrs/Ms/ Miss) E-mail: _____

Address: _____ City: _____ State: _____

Telephone: Home: _____ Unlisted: Yes/No Cell: _____ Work: _____

Former Parish: _____ City/State: _____

First Name	Adult Member	Adult Member	Child #1 living at home	Child #2 living at home	Child #3 living at home
Last/Maiden Name					
Marital Status					
Religion					
Language					
Occupation					
Place of Work/School					
Male/Female					
Birth Date					
Baptism Date					
1st Communion Date					
Confirmation Date					
Catholic Church Marriage (Yes/No/Date)					
1st Penance					
Divorce (Yes/No/Date)					

**Our Lady of Lourdes
Registration Form**

Date: _____

4723 NW Franklin St., Vancouver, WA 98663

Annulment (Yes/No/Date)					
----------------------------	--	--	--	--	--

**Our Lady of Lourdes
Registration Form
4723 NW Franklin St. , Vancouver, WA 98663**

Date: _____

