

**Our Lady of Good Counsel & St. Vincent dePaul
Roman Catholic Church**

436 South 2nd Street / Bangor, PA 18013 / 610-588-5445

Family DUID# _____ Env# _____

Registration Date _____

Welcome Card & Welcome Basket _____

Print neatly filling in all boxes and blanks.

In-active Date: _____

FAMILY INFORMATION:

Family Last Name _____ Home Phone (Listed or Unlisted) _____

Street Address _____

City _____ State _____ Zip _____

E-Mail address _____

ROLE (18 years or older) Circle One - Head of House / Husband / Wife / Other **Catholic/Non-Catholic**

First Name _____ **Last Name** _____ **M.I.** _____

Maiden Name _____ **Cell Phone** _____

Email Address _____ **Special Needs** _____

Date of Birth _____ **Place of Birth** _____ **Gender** (Circle one) **M / F**

Father's Name _____ **Mother's Name (w/Maiden Name)** _____

Ethnic Background _____ **Language** _____

Occupation _____ **Highest Level of Education** _____ **Year graduated** _____

Sacrament Information

Baptism/RCIA ____/____/____ Location _____ Communion ____/____/____ Location _____

Confirmation ____/____/____ Location _____

Marital Status Single/Married/Divorced/Widowed/Separated/Annulled **Valid Catholic Marriage in The Church:** Y / N

Marriage Date _____ Location _____

ROLE (18 years or older) Circle One - Head of House / Husband / Wife / Other **Catholic/Non-Catholic**

First Name _____ **Last Name** _____ **M.I.** _____

Maiden Name _____ **Cell Phone** _____

Email Address _____ **Special Needs** _____

Date of Birth _____ **Place of Birth** _____ **Gender** (Circle one) **M / F**

Father's Name _____ **Mother's Name (w/Maiden Name)** _____

Ethnic Background _____ **Language** _____

Occupation _____ **Highest Level of Education** _____ **Year graduated** _____

Sacrament Information

Baptism/RCIA ____/____/____ Location _____ Communion ____/____/____ Location _____

Confirmation ____/____/____ Location _____

Marital Status Single/Married/Divorced/Widowed/Separated/Annulled **Valid Catholic Marriage in The Church:** Y/N

Marriage Date _____ Location _____



Names of your children 18 years or older?

First and Last Names	Living or Deceased	Married or Single	Living in State/Out-of-State?
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

Child's Name *Under* the age of 18 years old. **Role** (Circle One) Son / Daughter/ Step Child / Other

First Name _____ **M.I.** _____ **Last Name** _____

Gender (Circle one) M / F **Special Needs** _____

Sacrament Information

Baptism ____/____/____ Location _____ Communion ____/____/____ Location _____

Confirmation ____/____/____ Location _____

Date of Birth _____ **Place of Birth** _____

Name of Current School _____ **Graduation Year** _____

Child's Name *Under* the age of 18 years old. **Role** (Circle One) Son / Daughter/ Step Child / Other

First Name _____ **M.I.** _____ **Last Name** _____

Gender (Circle one) M / F **Special Needs** _____

Sacrament Information

Baptism ____/____/____ Location _____ Communion ____/____/____ Location _____

Confirmation ____/____/____ Location _____

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If you need to add additional members, use page 3.

PHOTO RELEASE

I/we authorize Our Lady of Good Counsel/St. Vincent dePaul and the Diocese of Allentown to use photos of any of the family members listed on this Registration Form, without charge, for news or promotional purposes, both print and/or on the church website, ParishSoft software, and in other formats (i.e. church bulletin or church Facebook).

Signature from Head of Family _____ **Date** _____

Sorry, I decline the use of my/our photo(s)



Family Last Name: _____

Page 3—Additional members only.

Child's Name *Under the age of 18 years old.* **Role** (Circle One) Son / Daughter/ Step Child / Other

First Name _____ **M.I.** _____ **Last Name** _____

Gender (Circle one) **M / F** **Special Needs** _____

Sacrament Information

Baptism ____/____/____ Location _____ Communion ____/____/____ Location _____

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Confirmation ____/____/____ Location _____

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Gender (Circle one) **M / F** **Special Needs** _____

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