**Our Lady of Peace Parish Online Registration**

Welcome to Our Lady of Peace Parish. For your convenience we have provided registration online. Please complete as much as possible on the registration form so that we may better serve you**. When you have completed form email to olopp@olopp.org**

Modern technology makes it easy for us to gather information. We realize this is not all that you are. Over the next couple of weeks as you attend mass we are asking that you introduce yourself to our priests and deacons and if possible to stop in the parish office so that we may put a face on the information you have provided us and perhaps to pick up your envelopes.

Parish ID

We thank you for giving us the opportunity to serve you.

|  |  |  |
| --- | --- | --- |
| Name (Head of Household) | Name (Spouse) | Family Last Name |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Email (primary) | Phone (primary) | Today’s Date |
| Click here to enter text. | Click here to enter text. | date. |
| Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| How Should Your Mail Be Addressed | I Would like to Make My Parish Donation |
| Choose an item. |  | Choose an item. |
| Registering for |  |  | Parish You Will Be Attending |
| Choose an item. | Click here to enter text. |
| I am | Marriage Date | Marriage Type |  |
| Choose an item. | enter date. | Choose an item. |
| Church/Place of Marriage | City/State |
| Click here to enter text. | Click here to enter text. |
| Would you like to talk to a Priest/Deacon about |
| Choose an item. |
| Emergency Contact Information(someone outside this household) Name | Relationship |
| Click here to enter text. | Click here to enter text. |
| Home Phone | Cell Phone  | Email |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Message |
| Click here to enter text. |

**Head of the Household Information**

|  |  |  |
| --- | --- | --- |
| Head of the Household First Name | Middle Name | Last Name |
| Click here to enter text. | enter text. | Click here to enter text. |
| Preferred Name | Full Maiden Name (first and last) | Gender |
| Click here to enter text. | Click here to enter text. |  |  |
| Cell Phone | Email |
| Click here to enter text. | Click here to enter text. |
| Ethnicity | Date of Birth | Religion |
| Click here to enter text. | enter a date. | Click here to enter text. |
| Primary Language |  | Secondary Language |
| Click here to enter text. |  | Click here to enter text. |
| Occupation | Employer |
| Click here to enter text. | Click here to enter text. |
| Location | Work Phone/Extension |
| Click here to enter text. | Click here to enter text. |
| Baptized | Baptismal Date | Baptismal Church |
|  |  | enter a date. | Click here to enter text. |
| Baptismal Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| Eucharist | Eucharist Date | Eucharist Church |
|  |  | enter a date. | Click here to enter text. |
| Eucharist Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| Confirmation | Confirmation Date | Confirmation Church |
|  |  |  enter a date. | Click here to enter text. |
| Confirmation Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| I would like to volunteer the following skills | I would like to volunteer for the following ministries |
| Click here to enter text. | Click here to enter text. |
| Health Issues/Needs | Physical Disabilities | Learning Disabilities |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Spouse Information**

|  |  |  |
| --- | --- | --- |
| Spouse First Name | Middle Name | Last Name |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preferred Name | Full Maiden Name (first and last) | Gender |
| Click here to enter text. | Click here to enter text. |  |  |
| Cell Phone | Email |
| Click here to enter text. | Click here to enter text. |
| Ethnicity | Date of Birth | Religion |
| Click here to enter text. | enter date. | Click here to enter text. |
| Primary Language | Secondary Language |
| Click here to enter text. | Click here to enter text. |
| Occupation | Employer |
| Click here to enter text. | Click here to enter text. |
| Location | Work Phone/Extension |
| Click here to enter text. | Click here to enter text. |
| Baptized | Baptismal Date | Baptismal Church |
|  |  | enter date. | Click here to enter text. |
| Baptismal Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| Eucharist | Eucharist date | Eucharist Church |
|  |  | enter date. | Click here to enter text. |
| Eucharist Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| Confirmation | Confirmation Date | Confirmation Church |
|  |  | enter date. | Click here to enter text. |
| Confirmation Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| I would like to volunteer the following skills | I would like to volunteer for the following ministries |
| Click here to enter text. | Click here to enter text. |
| Health Issues/Needs | Physical Disabilities | Learning Disabilities |
| Click here to enter text. | enter text. | Click here to enter text. |

**1st Child Information**

More than 2 children submit Child Forms as many times as required

|  |  |  |
| --- | --- | --- |
| Head of the Household First Name | Middle Name | Last Name |
| Click here to enter text. | enter text. | Click here to enter text. |
| Preferred Name |  | Gender |
| Click here to enter text. |  |  |  |
| Cell Phone | Email |
| Click here to enter text. | Click here to enter text. |
| Ethnicity | Date of Birth | Religion |
| Click here to enter text. | enter date. | Click here to enter text. |
| Birthplace (city and state) | Relationship |
| Click here to enter text. | Click here to enter text. |
| Primary Language | Secondary Language | Parish of Previous Religious Education |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Religious Education Grade | School Grade | School Attending |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Father’s Name (as on baptismal certificate) | Mother’s Name (as on baptismal certificate) |
| Click here to enter text. | Click here to enter text. |
| Baptized | Baptismal Date | Baptismal Church |
|  |  | enter date. | Click here to enter text. |
| Baptismal Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| Eucharist | Eucharist date | Eucharist Church |
|  |  | enter date. | Click here to enter text. |
| Eucharist Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| Confirmation | Confirmation Date | Confirmation Church |
|  |  | enter date. | Click here to enter text. |
| Confirmation Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| I would like to volunteer the following skills | I would like to volunteer for the following ministries |
| Click here to enter text. | Click here to enter text. |
| Health Issues/Needs | Physical Disabilities | Learning Disabilities |
| Click here to enter text. | enter text. | Click here to enter text. |

**2nd Child Information**

|  |  |  |
| --- | --- | --- |
| Head of the Household First Name | Middle Name | Last Name |
| Click here to enter text. | enter text. | Click here to enter text. |
| Preferred Name |  | Gender |
| Click here to enter text. |  |  |  |
| Cell Phone | Email |
| Click here to enter text. | Click here to enter text. |
| Ethnicity | Date of Birth | Religion |
| Click here to enter text. | enter date. | Click here to enter text. |
| Birthplace (city and state) | Relationship |
| Click here to enter text. | Click here to enter text. |
| Primary Language | Secondary Language | Parish of Previous Religious Education |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Religious Education Grade | School Grade | School Attending |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Father’s Name (as on baptismal certificate) | Mother’s Name (as on baptismal certificate) |
| Click here to enter text. | Click here to enter text. |
| Baptized | Baptismal Date | Baptismal Church |
|  |  | enter date. | Click here to enter text. |
| Baptismal Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| Eucharist | Eucharist date | Eucharist Church |
|  |  | enter date. | Click here to enter text. |
| Eucharist Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| Confirmation | Confirmation Date | Confirmation Church |
|  |  | enter date. | Click here to enter text. |
| Confirmation Church Address | City | State/Zip |
| Click here to enter text. | Click here to enter text. | text. |
| I would like to volunteer the following skills | I would like to volunteer for the following ministries |
| Click here to enter text. | Click here to enter text. |
| Health Issues/Needs | Physical Disabilities | Learning Disabilities |
| Click here to enter text. | enter text. | Click here to enter text. |