

Family Registration
Form



FAMILY LAST NAME _____ **Marital Status** _____

Address _____
Street/PO Box City State Zip

Primary Phone # _____ Unl _____

Primary Email _____

Adult Member Information

_____	_____	_____	_____
Mr/Mrs/Ms	First	Last	Maiden
Nickname _____			
Gender (circle one)		Male	Female
Date of Birth _____			
Languages Spoken _____			
Religion _____			
Handicap _____			
Occupation _____			
Employer _____			
Phone # _____			
Cell phone # _____		Unl _____	
Email: _____			
Baptism	Yes	No	
Where _____			
Confirmed	Yes	No	
Where _____			
Married	Yes	Date _____	No
Where _____			
Lourdes Alumnus	Yes	Year _____	No

_____	_____	_____	_____
Mr/Mrs/Ms	First	Last	Maiden
Nickname _____			
Gender (circle one)		Male	Female
Date of Birth _____			
Languages Spoken _____			
Religion _____			
Handicap _____			
Occupation _____			
Employer _____			
Phone # _____			
Cell phone # _____		Unl _____	
Email: _____			
Baptism	Yes	No	
Where _____			
Confirmed	Yes	No	
Where _____			
Married	Yes	Date _____	No
Where _____			
Lourdes Alumnus	Yes	Year _____	No

Use the reverse side of this form to include children under the age of 21 who reside at home.

For Office Use Only: Date Registered _____ ID # _____

MEMBER NAME _____

First	Middle	Last
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Gender (circle one) Male Female

Date of Birth _____

Grade _____ School Attending _____

Religion _____

Handicap _____

SACRAMENTS:
 Baptism Yes No

Where _____

1st Communion Yes No

Where _____

Confirmed Yes No

Where _____

MEMBER NAME _____

First	Middle	Last
--------------	---------------	-------------

Gender (circle one) Male Female

Date of Birth _____

Grade _____ School Attending _____

Religion _____

Handicap _____

SACRAMENTS:
 Baptism Yes No

Where _____

1st Communion Yes No

Where _____

Confirmed Yes No

Where _____

MEMBER NAME _____

First	Middle	Last
--------------	---------------	-------------

Gender (circle one) Male Female

Date of Birth _____

Grade _____ School Attending _____

Religion _____

Handicap _____

SACRAMENTS:
 Baptism Yes No

Where _____

1st Communion Yes No

Where _____

Confirmed Yes No

Where _____

MEMBER NAME _____

First	Middle	Last
--------------	---------------	-------------

Gender (circle one) Male Female

Date of Birth _____

Grade _____ School Attending _____

Religion _____

Handicap _____

SACRAMENTS:
 Baptism Yes No

Where _____

1st Communion Yes No

Where _____

Confirmed Yes No

Where _____

Additional Information/Comments: _____

STEWARDSHIP INTENTION FORM

Family Name _____

Address _____
Street/PO Box _____ City _____ State _____ Zip _____

Primary Phone # _____ Unl _____

Primary Email _____

I attend the following mass most regularly:

4:30 PM 7:30 AM 9:30 AM 11:30 AM

***Please return this completed form to the Parish Office in person, in the collection basket at church, or through the mail.**

PRAYER COVENANT

By choosing membership in Our Lady of Lourdes Parish, we expect that you are willing to enter into a relationship with Jesus and our community, that is motivated by the desire to both give and receive. We ask you to pledge your faithfulness and support by spending time developing your faith. Please check and sign the following PRAYER commitment.

I/We wish to commit to Our Lady of Lourdes Parish as my/our faith community. I/we will make time for God by participating in weekly liturgy, receiving the sacraments, daily prayer, and continuing faith formation (spiritual reading, scripture study, small groups, etc.)

Signature _____

FINANCE

In thanksgiving for God's gifts, each household is expected to support the ministries of the parish. We ask that you give gratefully, proportionately, and sacrificially, gifting 5% of your income to Our Lady of Lourdes and 5% to other charities.

GIVING BASED ON PROPORTION OF INCOME

Household Income	5% Yearly
\$30,000	\$1,500
\$50,000	\$2,500
\$70,000	\$3,500
\$100,000	\$5,000
\$150,000	\$7,500
\$200,000	\$10,000

COMMITMENT FOR 2021 _____

I/We will give	Total
\$ _____ Per week x 52 =	\$ _____
\$ _____ Per month x 12 =	\$ _____
\$ _____ Annually x 1 =	\$ _____

I/We wish to receive envelopes.

Check here for information about remembering Lourdes in your estate.



ONLINE GIVING OPTION
Visit www.ourlourdes.org to get started

For assistance or with questions, please contact the Parish Office, 896-0241.

OVER 

MINISTRY



As members of our parish family, we all possess special gifts given to us by God. We ask each member to prayerfully consider the parish ministries, and to choose ministries that you can faithfully serve. When filling out the form below, please refer to the Ministry Catalog. For a full list of all parish ministries, please visit www.ourlourdes.org and click on the Ministry Catalog button, or grab one in the Atrium.

“All good giving and every perfect gift is from above.”

James 1:17

PLEASE LIST MINISTRIES FOR EACH MEMBER SEPARATELY

ADD MINISTRIES

Name _____

Email _____

Phone _____

I'm an alumnus of Our Lady of Lourdes School
Graduation year _____

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