Name: _____

E-mail: _____

Telephone: _____ Listed (Y/N): _____

Address: _____ City: _____ MD Zip Code: _____

Neighborhood: _____

Head of Household: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

FOR OFFICE USE ONLY

Envelope# _____ Date: _____

New: ____ Env: ____ Change: _____

List Household Members (Include Last Name if Different)	Date of Birth	Male/ Female	Religion	Baptism (Y / N)	1st Communion (Y / N)	Confirmation (Y / N)	Attend Mass (Y / N)	Registered Parish Member (Y / N)	Occupation
Head of Household									
Spouse									
Children									

**Save the completed forms and e-mail them to office@olhoc.org; or print and drop off the form at the parish office.