

Our Lady of Lourdes
508 Breckenridge Lane ~ Louisville, KY 40207-3833 ~ 502-896-0241
P A R I S H E N R O L L M E N T F O R M

HOUSEHOLD INFORMATION

Parish Registration Date _____ ID # _____
 (Assigned by parish)

Family Name _____

Suffix (circle if used) Jr Sr II III IV Other _____

Title (circle one) Mr/Mrs Mr Mrs Ms Miss Dr/Mrs Dr Other Specify _____

Marital Status (circle one) Single Married Widowed Separated Divorced

Street Address _____

City, State _____ Zip _____

Primary E-mail Address _____

Primary Phone (_____) _____ Unlisted (circle) No Yes

Previous Parish _____ City, State _____

If you live alone and in case of an emergency, would like to provide an emergency contact, please do so below:

Emergency Contact Name _____ Phone _____

Relationship to parishioner _____

If you have a Second Residence and you want mail forwarded please provide the following:

Dates at secondary address - - from _____ to _____

Address _____

City, State _____ Zip _____

COMPLETE ONE OF THE FOLLOWING BOXES FOR EACH FAMILY MEMBER

Head of Household

Last Name _____ First Name _____ Middle Name/Initial _____

Informal Name _____ Maiden Name _____ Title _____

Birth Date ____ / ____ / ____ Gender (circle one) Male Female

Marital Status (circle one) Single Married Widowed Separated Divorced

Languages Spoken _____ Religion _____

Disability? (circle one) No Yes Type of Disability _____ Shut In? (circle one) No Yes

Occupation _____ Employer _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Sacramental Information:

	Baptism	1 st Communion	1 st Reconciliation	Confirmation	Marriage
Yes or No	_____	_____	_____	_____	_____
Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Church Name	_____	_____	_____	_____	_____
Address	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

2nd Adult - Relationship to the Head of the Household _____

Proper Name _____

Informal Name _____ Maiden Name _____

Birth Date ____ / ____ / ____ Gender (circle one) Male Female

Marital Status (circle one) Single Married Widowed Separated Divorced

Languages Spoken _____ Religion _____

Disability? (circle one) No Yes Type of Disability _____ Shut In? (circle one) No Yes

Occupation _____ Employer _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Sacramental Information:

	Baptism	1 st Communion	1 st Reconciliation	Confirmation	Marriage
Yes or No	_____	_____	_____	_____	_____
Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Church Name	_____	_____	_____	_____	_____
Address	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Other Adult – Relationship to the Head of the Household _____

Proper Name _____

Informal Name _____ Maiden Name _____

Birth Date ____ / ____ / ____ Gender (circle one) Male Female

Marital Status (circle one) Single Married Widowed Separated Divorced

Languages Spoken _____ Religion _____

Disability? (circle one) No Yes Type of Disability _____ Shut In? (circle one) No Yes

Occupation _____ Employer _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Sacramental Information:

	Baptism	1 st Communion	1 st Reconciliation	Confirmation	Marriage
Yes or No	_____	_____	_____	_____	_____
Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Church Name	_____	_____	_____	_____	_____
Address	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Child #1

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Languages Spoken _____ Religion _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Child #2

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Religion _____ Languages Spoken _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Child #3

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Languages Spoken _____ Religion _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Child #4

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Languages Spoken _____ Religion _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Child #5

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Languages Spoken _____ Religion _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Any special concerns we need to be aware of:
