OUR LADY OF ANGELS CATHOLIC CHURCH, Woodbridge, VA

FAMILY (Last Name Only - *Please Print*)	TELEPHONE NUMBER	E-MAIL
	AREA CODE ( )	CELL PHONE
HOUSE NUMBER - STREET NAME - APT. NO. - AREA (Village) CITY - P.O. BOX - ZIP CODE		WIFE'S MAIDEN NAME

ADULTS 18 AND OVER AND ALL MARRIED PERSONS			Gender Male 1 Female 2	Date of Birth Mo Day Year	Catholic Yes 1 No 2	Baptized Yes 1 No 2	First Communion Yes 1 No 2	Confirmed Yes 1 No 2	Mass Attendance Weekly 1 Occasional 2 Seldom 3 Never 4	Communion Frequent 1 Occasional 2 Seldom 3 This year 4 Never 5	Married 1 Single 2 Widowed 3 Sep. 4 Divorced 5	Catholic Marriage 1 Other 2	Highest Grade Completed	Employed Full Time 1 Part Time 2 Retired 3 Unemployed 4 Military 5
	FIRST NAME	MIDDLE NAME / OCCUPATION												
1.	HUSBAND													
2.	WIFE													
3.	OTHER ADULT AT HOME (FULL NAME)													
4.	OTHER ADULT AT HOME (FULL NAME)													
5.	OTHER ADULT AT HOME (FULL NAME)													

UNMARRIED PERSONS UNDER 18 *(OLDEST TO YOUNGEST)*				Gender Male 1 Female 2	Date of Birth Mo Day Year	Catholic Yes 1 No 2	Baptized Yes 1 No 2	First Communion Yes 1 No 2	Confirmed Yes 1 No 2	Mass Attendance Weekly 1 Occasional 2 Seldom 3 Never 4	Communion Frequent 1 Occasional 2 Seldom 3 This year 4 Never 5	Now Attending School Catholic 1 Other 2	Grade	Attends Religious Education Classes Yes 1 No 2
	FIRST NAME	MIDDLE NAME	LAST NAME											
6.														
7.														
8.														
9.														
10.														
11.														
12.														

Is any family member disabled? ☐ Yes ☐ No

Name(s)_____

Information filled out by:

Name_____

Registration Date:

_____