

office use only

OUR LADY OF THE HILLS CATHOLIC CHURCH

120 Marydale Lane, Columbia, SC 29210

Phone: (803) 772-7400

www.OurLadyOfTheHillsSC.org

PARISH REGISTRATION FORM

TODAY'S DATE: _____

LAST NAME: _____

FIRST NAME: _____

Title (circle one): M/M Mr. Mrs. Dr. Ms. Miss Catholic? (Yes / No)

Spouse's Name: _____

Religion: _____

Maiden Name (if applicable) _____

ADDRESS: _____ APT # _____

CITY: _____ ZIP CODE: _____

SUBDIVISION/APT NAME (if applicable): _____

PHONE NUMBER(S): (____) _____ - _____

Home / Cell / Work

(____) _____ - _____

Home / Cell / Work

E-MAIL ADDRESS: _____

MARITAL STATUS: __Single __Married __Married in the Church __Divorced __Widowed

DATE OF MARRIAGE: ___/___/_____

Husband

Ethnicity:

Country of Origin:

Birthdate: ___/___/_____

Language(s) spoken:

Occupation:

Place of Business:

Phone:

Does your family have any special needs? Please list: _____

Stewardship: Do you wish to receive church envelopes? __Yes __No

Wife

Ethnicity:

Country of Origin:

Birthdate: ___/___/_____

Language(s) spoken:

Occupation:

Place of Business:

Phone:

Children at Home

Y=Yes

N=No

Name	Sex	Birthdate	Bap.	1 st Com.	Penance	Confm.

