

# PARISHIONER REGISTRATION AND UPDATE



**Our Lady of Mount Carmel Basilica**  
343 Via Mount Carmel, Youngstown, OH 44505  
Ph. (330) 743-4144 Fx. (330) 743-1035  
Email: office@olmcsta.com

Document Updated 2/16/2019

## SECTION 1 (Basic Info)

HEAD OF HOUSEHOLD'S LAST NAME: \_\_\_\_\_

**CHECK ONE:** YES, I receive offering envelopes.  NO, I do NOT receive offering envelopes.

**CHECK ONE:** NEW parishioner  UPDATE my record  **TODAY'S DATE is:** \_\_\_\_\_

## SECTION 2 (Address) Check here if it is OK to publish this information:

### Physical Address

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Mailing Address (if different)

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## SECTION 3 (Phone and Email) Check here if it is OK to publish this information:

Name 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Email 1: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email 2: \_\_\_\_\_

## SECTION 4 (Household Information)

### HEAD OF HOUSEHOLD

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: **M / F** Maiden Name (if applicable): \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other Skills/Talents: \_\_\_\_\_

Special Needs: (allergies, impairments, etc) \_\_\_\_\_

### About My Sacraments Received

Baptized: **Y / N** Catholic  Other  RCIA

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_  
(Church, City, State)

1st Reconciliation: **Y / N** 1st Communion: **Y / N**

Place of 1st Communion: \_\_\_\_\_  
(Church, City, State)

Confirmation: **Y / N**

Place of Confirmation: (Church, City, State) \_\_\_\_\_

Marital Status: **Single Married Widowed Other**

Marriage performed by a Catholic Priest/Deacon? **Y / N**

### SPOUSE (If Applicable)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: **M / F** Maiden Name (if applicable): \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other Skills/Talents: \_\_\_\_\_

Special Needs: (allergies, impairments, etc) \_\_\_\_\_

### About My Sacraments Received

Baptized: **Y / N** Catholic  Other  RCIA

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_  
(Church, City, State)

1st Reconciliation: **Y / N** 1st Communion: **Y / N**

Place of 1st Communion: \_\_\_\_\_  
(Church, City, State)

Confirmation: **Y / N**

Place of Confirmation: \_\_\_\_\_  
(Church, City, State)

Date of Marriage: \_\_\_\_\_

Place of Marriage: (Church, City, State) \_\_\_\_\_

## SECTION 5 (Children In Your Household)

Please note, children 21 and over should register separately.  
Households with more than 4 children, please indicate on another sheet.

The following BEST describes our family: (If your situation warrants explanation, please email office@olmcsta.org or call the parish office.)

CIRCLE ONE: **Two-parent Home**      **Single-parent Home**      **Blended Family**      **Legal Guardian**

### CHILD ONE

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **M / F**      DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Special Needs: (allergies, impairments, etc) \_\_\_\_\_

**Sacraments Received**      Baptized: **Y / N**      **Catholic**      **Other**      **RCIA**      Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ 1st Reconciliation: **Y / N**      1st Communion: **Y / N**  
(Church, City, State)

Place of 1st Comm.: \_\_\_\_\_ Confirmation: **Y / N**      Place of Confirmation: \_\_\_\_\_  
(Church, City, State)      (Church, City, State)

### CHILD TWO

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **M / F**      DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Special Needs: (allergies, impairments, etc) \_\_\_\_\_

**Sacraments Received**      Baptized: **Y / N**      **Catholic**      **Other**      **RCIA**      Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ 1st Reconciliation: **Y / N**      1st Communion: **Y / N**  
(Church, City, State)

Place of 1st Comm.: \_\_\_\_\_ Confirmation: **Y / N**      Place of Confirmation: \_\_\_\_\_  
(Church, City, State)      (Church, City, State)

### CHILD THREE

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **M / F**      DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Special Needs: (allergies, impairments, etc) \_\_\_\_\_

**Sacraments Received**      Baptized: **Y / N**      **Catholic**      **Other**      **RCIA**      Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ 1st Reconciliation: **Y / N**      1st Communion: **Y / N**  
(Church, City, State)

Place of 1st Comm.: \_\_\_\_\_ Confirmation: **Y / N**      Place of Confirmation: \_\_\_\_\_  
(Church, City, State)      (Church, City, State)

### CHILD FOUR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **M / F**      DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Special Needs: (allergies, impairments, etc) \_\_\_\_\_

**Sacraments Received**      Baptized: **Y / N**      **Catholic**      **Other**      **RCIA**      Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ 1st Reconciliation: **Y / N**      1st Communion: **Y / N**  
(Church, City, State)

Place of 1st Comm.: \_\_\_\_\_ Confirmation: **Y / N**      Place of Confirmation: \_\_\_\_\_  
(Church, City, State)      (Church, City, State)