

**OUR LADY OF MOUNT CARMEL ROMAN CATHOLIC CHURCH
WHARTON, TEXAS**

CHURCH OFFICE—REGISTRATION FORM

FAMILY NAME: _____

REGISTRATION DATE: _____

HEAD OF HOUSEHOLD NAME: _____

STATUS: _____ SINGLE _____ MARRIED _____ WIDOWED _____ DIVORCED

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

SEND EMAIL INSTEAD OF MAIL WHEN POSSIBLE? _____ YES _____ NO

TELEPHONE NUMBER: _____

MEMBER NAME: _____

RELATIONSHIP: _____

TYPE: _____ HEAD _____ SPOUSE _____ ADULT _____ YOUNG ADULT _____ OTHER

GENDER: _____ MALE _____ FEMALE

MARITAL STATUS: _____

DATE OF BIRTH: _____

LANGUAGE: _____

ETHNICITY: _____

RELIGION: _____

OCCUPATION: _____

HANDICAP: _____

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