Family Name:	<del></del>
Mailing Address:	State/City/Zip:
Primary Phone:F	Primary Email:
Adult Member(s):	
Full Name:	DOB: Role:
Gender: M/F Birthplace:	
Work Phone: Cel	l Phone:
Email:	
Sacraments (Check all that apply):	
☐ Baptism ☐ 1st Eucharist ☐ Rec	conciliation
Full Name:	DOB: Role:
Gender: M/F Birthplace:	
Work Phone: Ce	ll Phone:
Email:	
Sacraments (Check all that apply):	
☐ Baptism ☐ 1st Eucharist ☐ Re	conciliation
<u>Dependent Children:</u>	
Full Name:D	OB:Birthplace:
Gender: M/F Grade Level:	School:
Sacraments (Check all that apply):	
☐ Baptism ☐1st Eucharist ☐Rec	conciliation

Please include any additional dependent individuals on a separate sheet. This form can also be found at <u>ourladyontheriver.net</u>.