

# Cathedral of Our Lady of Guadalupe

3900 Wisconsin Avenue  
 Anchorage Alaska 99517  
 Telephone: 907 • 248-2000

FOR OFFICE USE

Family ID \_\_\_\_\_

Member ID \_\_\_\_\_

## PARISH REGISTRATION FORM

The purpose of the Parish Registration Form is to identify new parishioners and communicate with current parish members. This information is considered confidential and shared exclusively with the Archdiocese of Anchorage. No other individual or organization is given access to this information. Please help us keep your information up-to-date. All information is optional.

FAMILY LAST NAME/ NAMES: \_\_\_\_\_ FAMILY E-MAIL: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ CELL: \_\_\_\_\_

FAMILY STATUS: MARRIED  SINGLE  WIDOWED  DIVORCED  SEPARATED

	FIRST NAME	LAST NAME	MIDDLE INITIAL	SEX	DATE OF BIRTH	Sacraments received at OLG	Involved in Ministry?
Head of Household						Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Which? _____
Spouse						Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Which? _____
Child						Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Which? _____
Child						Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Which? _____
Child						Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Which? _____
Child						Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Which? _____