

**WE ARE BLESSED TO WELCOME YOU!**

Form may be returned via mail or dropped by Office. Thank you!

Our Lady of the Springs~ 8796 W. St. Rd. 56 French Lick, In. 47432

Our Lord Jesus Christ the King~ P.O. Box 544 Paoli, IN. 47454

**Orange County Catholic Community ~ Registration Form~ please circle: Our Lady of the Springs / Christ the King**

**General Household Information:**  
 Family Name (Last Name): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
 Welcome! May we post your name in the Welcome Announcement section of bulletin: Y/N  
 Previous Parish (Name/ City/ State): \_\_\_\_\_  
*As a courtesy, we will contact your former parish.*

**PLEASE PROVIDE A FAMILY PICTURE FOR OUR PARISH DIRECTORY AND APP, IN THE FORM OF A DIGITAL, JPG OR PNG FILE**

**Head of Household:**  
 First Name: \_\_\_\_\_ Sex: M/F      DOB: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Profession: \_\_\_\_\_  
**Sacraments Received:** Baptism (Church/City/State): \_\_\_\_\_  
 First Communion: Y/N      Reconciliation: Y/N      Confirmation: Y/N  
**Ministry:** Your previous church ministry experience: \_\_\_\_\_  
 Is there a ministry that you are interested in? \_\_\_\_\_

**Spouse:**  
 First Name (Maiden): \_\_\_\_\_ DOB: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Profession: \_\_\_\_\_  
 Sacraments Received: Baptism (Church/ City/ State): \_\_\_\_\_  
 First Communion: Y/N      Reconciliation: Y/N      Confirmation: Y/N  
 Ministry: Your previous church ministry experience: \_\_\_\_\_  
 Is there a ministry that you are interested in? \_\_\_\_\_

**Form may be returned via mail or to Office.**

Child or Other Household Member:

Relationship to Head of Household: \_\_\_\_\_

First Name: \_\_\_\_\_ Sex: M/F DOB: \_\_\_\_\_ Religion: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Profession: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_ Church/ City/ State: \_\_\_\_\_

First Communion: Y/N Reconciliation: Y/N Confirmation Y/N

Child or Other Household Member:

Relationship to Head of Household: \_\_\_\_\_

First Name: \_\_\_\_\_ Sex: M/F DOB: \_\_\_\_\_ Religion: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Profession: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_ Church/ City/ State: \_\_\_\_\_

First Communion: Y/N Reconciliation: Y/N Confirmation Y/N

Child or Other Household Member:

Relationship to Head of Household: \_\_\_\_\_

First Name: \_\_\_\_\_ Sex M/F DOB: \_\_\_\_\_ Religion: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Profession: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_ Church/City /State: \_\_\_\_\_

First Communion: Y/N Reconciliation: Y/N Confirmation: Y/N