



THE ROMAN CATHOLIC PARISH OF OUR LADY OF MOUNT CARMEL

Parishioner Information Form

Please, return this form to the parish. Thank you!

New to the Parish? Update Information:

Last Name:

Address:

Contact No:

Email Add:

ENV. NO
(if unknown, leave it blank)

Date:

(For office use)

Would you like to receive offertory Sunday envelopes? Yes No

Would you prefer Monthly Auto Debit for your contributions? Yes No

Would you like receive communication from the parish via email? Yes No

Adult 1: Name:

DOB:

Rel. Status:

Occupation:

Religion:

Interested in volunteering for any parish ministries or events? If yes, specify:

Adult 2 (if applicable): Name:

DOB:

Rel. Status:

Occupation:

Religion:

Interested in volunteering for any parish ministries or events? If yes, specify:

Child's Name	School & Grade	DOB MM/DD/YY	SACRAMENTS RECEIVED			Interested in Ministry? If yes, specify?
			Baptism	Eucharist	Confirmation	
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