



Our Lady of Good Hope Parish

6 South Third Street
 Miamisburg, OH 45342
 (937) 866-1432

PARISH REGISTRATION FORM

Date _____

I understand that by becoming a member of the Our Lady of Good Hope Parish community I am called to:

1. Attend Mass regularly at this parish.
2. Use my Sunday collection envelopes.
3. Support the Ministries of my parish.

Signature _____

Family Name _____

Head of Household _____

Spouse _____

Maiden Name _____

Address _____

City, Zip _____

Home Phone _____

Unlisted? Yes

Head of Household's Work _____

Spouse's Work # _____

In your house are all Catholic? Yes / No

Other _____

Primary language spoken in your home _____

How should mail to your home be addressed? Please circle one.

Dr. & Mrs. Dr. & Mr. Mr. & Mrs. Mr.
 Mrs. & Mr. Mrs. Miss Ms.
 Other _____

If married, please complete the following:

Date of Church Marriage _____

Church Name _____

City & State _____

Civil Marriage Date _____

Individual Information	Head of Household	Spouse
Last Name		
First Name		
Middle Name		
Date of Birth		
Baptized	Yes / No	Yes / No
Church		
Address		
City & State		
Zip Code		
First Communion	Yes / No	Yes / No
Church		
City & State		
Confirmed	Yes / No	Yes / No
Church		
City & State		
Religion		
Gender	Male / Female	Male / Female
Nationality		

(Please complete other side for Children / Others living in your home)