

Today's Date: _____

Env No. : _____

Nativity of Our Lady Catholic Community
 221 Daly Ave, San Luis Obispo CA 93405 Tel: 805-544-2357 /
 www.NativitySLO.org **Parish Registration /Update Form v. 8-14-21**

NOTE: IF YOU ARE REGISTERING FOR ANY RELIGIOUS EDUCATION PROGRAM FOR AGES 2 – 18, PLEASE ALSO COMPLETE A RELIGIOUS EDUCATION FORM.

Family Information (this information is common to all members of your household)

New Parish Registration Update Registration

Family Email: _____

FAMILY Name: _____

Emergency Mobile Phone: _____

Address: _____

Home Phone: _____

Address 2: _____

City: _____ ST: _____ Zip: _____

Please send us Contribution Envelopes OR Please send us info on donating automatically through checking or credit card
 Please contact us about becoming involved in any of the following ministries: After Mass Food/Hospitality Pancake Breakfasts
 Taking Communion to the Sick Prayer Chain Jail / Prison Outreach Pregnancy Center Homeless Outreach
 Lector Eucharistic Minister Usher Music Liturgical Environment Altar Linens Altar Server Catechesis/CCD
 Children's Liturgy of the Word Seniors Ministry Bereavement Ministry

Individual #1 Information (Complete information for each Active Registering Member of your household, including minor children - see back or make copies for additional space).

Circle one: Head of HH / Husband / Wife / Son / Daughter /

Maiden Name: _____

Guardian / Other: _____

Birth Place: _____

First Name: _____

Work Phone: _____

Last Name: _____

Mobile Phone: _____

Nick Name: _____

Personal Email: _____

Gender: M / F Date of Birth: _____

Current School Level: _____

Primary Language: _____

Any special needs? _____

Circle one: Head of HH / Husband / Wife / Son / Daughter /

Employer: _____

Guardian / Other: _____

Individual's Sacramental Information

Religion: _____

Marital Status: _____

Date Baptized: _____

Church: _____

Date First Eucharist: _____

Church: _____

Date Confirmation: _____

Church: _____

Individual #2 Information (Complete information for each Active Registering Member of your household, including minor children.)

Circle one: Head of HH / Husband / Wife / Son / Daughter /
Guardian / Other: _____
First Name: _____
Last Name: _____
Nick Name: _____
Gender: M / F Date of Birth: _____
Primary Language: _____

Any special needs? _____
Employer: _____
Maiden Name: _____
Birth Place: _____
Work Phone: _____
Mobile Phone: _____
Personal Email: _____
Current School Level: _____

Individual's Sacramental Information

Religion: _____
Date Baptized: _____
Date First Eucharist: _____
Date Confirmation: _____

Marital Status: _____
Church: _____
Church: _____
Church: _____

Individual #3 Information (Complete information for each Active Registering Member of your household, including minor children.)

Circle one: Head of HH / Husband / Wife / Son / Daughter /
Guardian / Other: _____
First Name: _____
Last Name: _____
Nick Name: _____
Gender: M / F Date of Birth: _____
Primary Language: _____

Any special needs? _____
Employer: _____
Maiden Name: _____
Birth Place: _____
Work Phone: _____
Mobile Phone: _____
Personal Email: _____
Current School Level: _____

Individual's Sacramental Information

Religion: _____
Date Baptized: _____
Date First Eucharist: _____
Date Confirmation: _____

Marital Status: _____
Church: _____
Church: _____
Church: _____

Please make copies of this side for additional members and attach to this registration form.