

Our Lady of the Valley Parish

33 Adams St. Easthampton MA 01027
tel. (413)527-9778 fax. (413)527-9353



Last name: _____

Parish Registration Form

Welcome to your new Parish! Please **print** your responses. Fill out both sides. Thanks!

M _____ First: _____ M.I. _____ Last: _____ Cell phone: _____
(the last name the family is registered under)

M _____ First: _____ M.I. _____ Last: _____ Cell phone: _____

Address: _____ Home phone: _____

City _____ State _____ Zip _____

Mailing Address (if different): _____ City _____ State _____ Zip _____

Primary Email: _____
Preferred email for communications

Do you wish to receive parish support envelopes? Yes No Do you wish to learn more about on-line giving? Yes No

Were you previously registered in another parish? Yes No

If yes, please name the parish: _____ Diocese: _____

Do we have permission to publish your home number within the parish? Yes No

Signature of person completing this form: _____ Date _____

For Office Use Only: Family #: _____

Registration date: _____



Household Member Information

Please only enter people who are presently residing in your household or who are temporarily away for college or military.

	Head 1	Head 2	Child 1	Child 2	Child 3
First Name					
Middle Initial					
Last Name (if different)					
Religion					
Birthday (mm/dd/yyyy)					
Sex (M/F)					
Occupation					
School/Grade					
1* Personal Status					
2* Special					
Sacraments received:	(Check all that apply)				
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>			
N.B. Confirmed Catholics are adults in the eyes of the Church and need to register as their own separate households.					
Marriage Information:	Date (mm/dd/yyyy) _____				
	Church/Place _____		City _____	State _____	
	Officiant: Catholic Priest <input type="checkbox"/> Protestant Minister <input type="checkbox"/> J.P. <input type="checkbox"/> Other: _____				

1* **MC:** Marriage Catholic (*recognized by church*) **MO:** Marriage other **S:** Single

2* **B:** Legally Blind **D:** Deaf **MC:** Mentally challenged **PC:** Physically challenged **S:** Shut In / Nursing Home **O:** Other