

**REGISTRATION AND AFFILIATION FORM**  
**OUR LADY OF THE PRESENTATION CATHOLIC COMMUNITY**

130 NW MURRAY ROAD – LEE'S SUMMIT, MO. 64081-1558  
816-251-1100 Fax 816-251-1199

*Please print or type your data as completely as possible. This information will be kept in a confidential Parish Pastoral file. Your family registration will be finalized when you attend a welcome gathering*

**GENERAL FAMILY INFORMATION**

REGISTRATION DATE \_\_\_\_\_

FAMILY LAST NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ HM PHONE# \_\_\_\_\_ UNLISTED \_\_\_\_\_

WHAT MONTH & YEAR DID YOU OR YOUR FAMILY MOVE INTO THIS PARISH? \_\_\_\_\_

**HEAD OF HOUSEHOLD**

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

CATHOLIC (Y or N) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

WORK PHONE# \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

CURRENT MARTIAL STATUS (Check as many as apply to your present/personal situation).

Married in church \_\_\_\_\_ Married Other \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widow \_\_\_\_\_  
(Widower)

If married, anniversary date, including year of marriage \_\_\_\_\_

**DATA FOR SPOUSE**

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

CATHOLIC (Y or N) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

WORK PHONE# \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

CURRENT MARTIAL STATUS (Check as many as apply to your present/personal situation.)

Married in the Church \_\_\_\_\_ Married Other \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widow \_\_\_\_\_  
(Widower)

If married, anniversary date, including year of marriage \_\_\_\_\_

**SPECIAL ISSUES OR QUESTIONS**

If you were not married in the Church, would you be open to discussing the situation with a Priest or Pastoral Staff member? \_\_\_\_\_

If someone listed above is not presently Catholic, does he/she have any interest in becoming Catholic and would he/she welcome a call by a parish staff person to discuss it? \_\_\_\_\_

If a child listed has not been baptized, would you welcome a call by a staff member to remedy the situation? \_\_\_\_\_

**We will contact you for our next welcome gathering. This is a most important part of your registration in this Faith Community.**

# CHILDREN LIVING AT HOME

*Children over Twenty-one years should themselves register as an individual adult.*

OLDEST CHILD'S FIRST NAME (And last if different) \_\_\_\_\_ Mid. I. \_\_\_\_\_

SEX \_\_\_\_ M \_\_\_\_ F DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

BAPTIZED (Y or N) \_\_\_\_\_ CONFIRMED (Y or N) \_\_\_\_\_

1<sup>st</sup> COMMUNION (Y or N) \_\_\_\_\_ 1<sup>st</sup> CONFESSION (Y or N) \_\_\_\_\_

COMMENTS/NOTES \_\_\_\_\_  
\_\_\_\_\_

SECOND CHILD'S FIRST NAME (And last if different) \_\_\_\_\_ Mid. I. \_\_\_\_\_

SEX \_\_\_\_ M \_\_\_\_ F DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

BAPTIZED (Y or N) \_\_\_\_\_ CONFIRMED (Y or N) \_\_\_\_\_

1<sup>st</sup> COMMUNION (Y or N) \_\_\_\_\_ 1<sup>st</sup> CONFESSION (Y or N) \_\_\_\_\_

COMMENTS/NOTES \_\_\_\_\_  
\_\_\_\_\_

THIRD CHILD'S FIRST NAME (And last if different) \_\_\_\_\_ Mid. I. \_\_\_\_\_

SEX \_\_\_\_ M \_\_\_\_ F DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

BAPTIZED (Y or N) \_\_\_\_\_ CONFIRMED (Y or N) \_\_\_\_\_

1<sup>st</sup> COMMUNION (Y or N) \_\_\_\_\_ 1<sup>st</sup> CONFESSION (Y or N) \_\_\_\_\_

COMMENTS/NOTES \_\_\_\_\_  
\_\_\_\_\_

ANY SPECIAL REQUESTS, COMMENTS, ETC. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_