

PLEASE **PRINT** IN THE
SPACES BELOW

OUR LADY OF REFUGE CHURCH
Registration Form

Parish Office: 5195 Stearns St, Long Beach, CA 90815-2901
Telephone: (562) 498-6641 Fax: (562) 498-3344

Family Last Name	Marital Status Circle: Married Divorced Single Widowed	Has this marriage been blessed by the Church? Circle: Yes / No	Phone () -
Street Address	Apt/Unit	City	Zip
			Email:

List all those living with you (Include last name if different)	Date of Birth	Religion	Baptized Catholic? (Yes / No)	First Communion? (Yes / No)	Confirmation? (Yes / No)	Mass Attendance**	Active in Church group? (Yes / No)	Occupation/ Trade
First Name	/ /							
Spouse First Name (if applicable)	/ /							
Other adults at same address (relation)	/ /							
	/ /							

** Mass Attendance: A—almost every Sunday B—about twice a month C—about once a month D—less than once a month

Children (First and Last Name)	Date Birth	Religion	Baptized Catholic? (Yes / No)	Catholic First Communion? (Yes / No)	Catholic Confirmation (Yes / No)	Name School Attending	Grade Level	Attending Religious Education ? (Yes / No)	Name of Parish where Attending Religious Education Classes
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We want to assist you in any way we can. Please check below to let us know if we can help you in:

<input type="checkbox"/>	Having your marriage blessed
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<input type="checkbox"/>	Having your home blessed?
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<input type="checkbox"/>	Bringing the Sacraments to a Catholic "shut-in" in your home?
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Are there any other ways we can be of assistance to you?