

Parish Registration

Office use only Registration Date: _____

I wish to register at: (check one)

- OUR LADY OF MT. CARMEL-EMMETT (810-384-1338)**
- SACRED HEART-YALE (810-387-9800)**
- ST. JOHN'S-ALLENTON (810-669-1029)**

Family Name: _____

Street Address: _____

City/ State/ Zip: _____

Last Parish [*Please include Name/City/State*] _____

Adult Members of Household (Please list all dependents on the next page)

Name: _____

Date of Birth _____

City/State/of Birth _____

Phone: _____

Email: _____

Catholic Yes No
If no, specify religion or "none" _____

Marital Status: *Single { } Married { }
Divorced { } Marriage Annulled { } Widowed { }*

If married, were you married in a Catholic Church? Yes No If yes, which church? _____

Wedding Date: _____

Occupation: _____

Talent(s): _____

Sacraments Received / When / Where

Baptism _____

Eucharist Date _____

Confirmation Date _____

Name: _____

Maiden Name _____

Date of Birth _____

City/State/of Birth _____

Phone: _____

Email: _____

Catholic Yes No
If no, specify religion or "none" _____

Marital Status: *Single { } Married { }
Divorced { } Marriage Annulled { } Widowed { }*

If married, were you married in a Catholic Church? Yes No If yes, which Church? _____

Wedding Date: _____

Occupation: _____

Talent(s): _____

Sacraments Received / When / Where

Baptism _____

Eucharist Date _____

Confirmation Date _____

Are there other adults living in your household (mother/father/in-laws/brother/sisters?) _____
If yes, if members, please list them separately -OR- please have them register on a separate form.

Please check here if you wish to enroll in On-Line Giving. Then go to the website below for the church you are registering - OR - you may use the QR Code for OLMC or Sacred Heart below to set up an on-line giving account.

Olmcemmet.churchgiving.com

Olmcyale.churchgiving.com

Osvhub.com/st-john-allenton/giving/funds

Our Lady of Mt. Carmel QR Code



Sacred Heart QR Code



Env. # _____
(Parish Assigned)

Please List Non-Adult Children Below - Oldest to Youngest

Full Name: _____
 Male Female

Lives at home Lives with other parent
 Away at school
 Date of Birth: _____
 City/State of Birth: _____
Would like information on
 Religious Ed Altar Serving Youth Group
Sacraments Received & Where & When
 Baptism _____

 First Penance _____

 Eucharist _____

 Confirmation _____

Full Name: _____
 Male Female

Lives at home Lives with other parent
 Away at school
 Date of Birth: _____
 City/State of Birth: _____
Would like information on
 Religious Ed Altar Serving Youth Group
Sacraments Received & Where & When
 Baptism _____

 First Penance _____

 Eucharist _____

 Confirmation _____

Full Name: _____
 Male Female

Lives at home Lives with other parent
 Away at school
 Date of Birth: _____
 City/State of Birth: _____
Would like information on
 Religious Ed Altar Serving Youth Group
Sacraments Received & Where & When
 Baptism _____

 First Penance _____

 Eucharist _____

 Confirmation _____

Full Name: _____
 Male Female

Lives at home Lives with other parent
 Away at school
 Date of Birth: _____
 City/State of Birth: _____
Would like information on
 Religious Ed Altar Serving Youth Group
Sacraments Received & Where & When
 Baptism _____

 First Penance _____

 Eucharist _____

 Confirmation _____

If you need more spaces for children please use an additional form

I would like more information about the following Volunteer opportunities.

Please circle any that apply and indicate who in the family is interested. Someone from the parish organization will contact you.

Liturgical Ministry

Choir
 Eucharistic Minister / Lector
 Greeter / Usher / Altar Serving

Parish Ministries

Giving Tree Helpers
 Christian Service
 Funeral Luncheons

Leadership

Parish Council
 Other: _____

ARE THERE MEMBERS OF YOUR HOUSEHOLD WHO WOULD LIKE...

TO BE VISITED BY A PRIEST? _____ HOUSEHOLD MEMBER'S NAME(S) _____

HOMEBOUND COMMUNION CALLS? _____ HOUSEHOLD MEMBER'S NAME(S) _____

TO BECOME CATHOLIC? _____ HOUSEHOLD MEMBER'S NAME(S) _____