

**Parishioner Registration Form**  
 Our Lady of the Presentation Catholic Church  
 P.O. Box 428 Poolesville, MD 20837  
 Phone: (301) 349-2045 Fax: (301) 349-5423

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name: *(as it should appear on official parish registry,*

Home: (\_\_\_\_)\_\_\_\_\_

*e.g. Mr. John Smith or Mr. and Mrs. John Jones and family)*

Primary Language: \_\_\_\_\_

\_\_\_\_\_

Do you wish to contribute by using envelopes \_\_\_\_\_ or

\_\_\_\_\_

by electronic giving \_\_\_\_\_? (Please check one.)

Street: \_\_\_\_\_

How did you learn of our parish? Friend \_\_\_\_\_, newspaper \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

website\_\_\_\_\_, other\_\_\_\_\_

***Below, please list all members of the household (including yourself):***

	First Name	Last Name	Date of birth	Are you baptized? yes/no	Confirmed? yes/no	Email	Occupation
Head							
Spouse/ Partner							
Child							
Child							
Child/ Other							

I'm interested in the following ministries/activities:

\_\_\_\_ Lector

\_\_\_\_ Usher/Greeter

\_\_\_\_ Hospitality

\_\_\_\_ Altar Server

\_\_\_\_ Eucharistic Minister

\_\_\_\_ Altar Society

\_\_\_\_ Parish School of Religion

\_\_\_\_ Adult Formation Classes

\_\_\_\_ Other (specify \_\_\_\_\_)

***Please drop in collection basket or return to the parish office.***