

FAMILY REGISTRATION/CENSUS FORM

Our Lady Comforter of the Afflicted Parish

920 Trapelo Road, Waltham, MA 02452 · 781-894-3481

Please Print Clearly

*Envelope #: _____

*Check Here If You Want To Receive Envelopes: _____ OR

Check Here If You Would Like To Do Electronic Funds Transfer (EFT) _____

LAST NAME: _____

ADDRESS, CITY, STATE, ZIP: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

GENERAL HOUSEHOLD INFORMATION

Marital Status: _____ If married, Anniversary Date _____

FIRST NAME: _____

FIRST NAME: (if wife, add maiden name) _____

Date of Birth: _____

Date of Birth: _____

Religion: _____

Religion: _____

Occupation: _____

Occupation: _____

PERSONS IN HOUSEHOLD: (Aside from people listed above, list all PERSONS living at above addr)

	DATES OF BIRTH:	PLS. SPECIFY IF CHILD/PARENT/OTHER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you and welcome to Our Lady's Parish
Faith Community

Please drop this form in the collection basket or mail it to the Parish Offices at the address listed above.

