

# Our Lady of Lourdes Congregation – Parish Membership Form

3722 South 58th Street, Milwaukee, WI 53220-2053 (414) 545-4316

## HOUSEHOLD NAME & ADDRESS:

Household Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Listed: YES / NO

Household Email: \_\_\_\_\_

Primary Language Spoken in Home: \_\_\_\_\_

## Office use only

Membership / Envelope # : \_\_\_\_\_ Archdiocese ID: \_\_\_\_\_

Date Registered: \_\_\_\_\_ Registered By: \_\_\_\_\_

Date Entered in database: \_\_\_\_\_ Entered By: \_\_\_\_\_

## PLEDGE OF FINANCIAL SUPPORT:

☐ I/We pledge to contribute \$ \_\_\_\_\_ per month in support of parish operations

☐ I/We will contribute \$ \_\_\_\_\_ per month in support of facility improvements

Pledge fulfillment is preferred through: ☐ Cash or check w/remittance slips

☐ Credit Card or Bank Account online via WeShare website

☐ I/We are unable to make a financial commitment at this time,

but will support the parish with my/our available time, talent and treasure.

MEMBER INFORMATION:	Primary Member	Secondary Member	Child	Child	Child	Child
<b>First Name</b>						
<b>Nick Name</b>						
<b>Middle Name</b>						
<b>Last Name</b>						
<b>Title</b> (Mr., Mrs., Ms., Miss, Dr., Sr., etc.)						
<b>Maiden Name</b>						
<b>Gender</b> (circle one)	Male   Female	Male   Female	Male   Female	Male   Female	Male   Female	Male   Female
<b>Date of Birth</b> (REQUIRED)						
<b>Religion</b>						
<b>Ethnicity</b> (circle one)	African Am.   Am. Indian   Asian Caucasian   Hispanic   Biracial	African Am.   Am. Indian   Asian Caucasian   Hispanic   Biracial	African Am.   Am. Indian   Asian Caucasian   Hispanic   Biracial	African Am.   Am. Indian   Asian Caucasian   Hispanic   Biracial	African Am.   Am. Indian   Asian Caucasian   Hispanic   Biracial	African Am.   Am. Indian   Asian Caucasian   Hispanic   Biracial
<b>Marital Status</b> (circle one)	Single   Married   Widowed Divorced   Religious	Single   Married   Widowed Divorced   Religious	Single	Single	Single	Single
<b>Personal Email Address</b>						
<b>Personal Cell Phone</b>						
<b>Ed. Level / Grade in School</b>						
<b>Occupation</b>						

SACRAMENT INFORMATION:	Primary Member	Secondary Member	Child	Child	Child	Child
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Birth						
Date of Birth (REQUIRED)						
Place						
City/State						

Baptism						
Date of Baptism						
Place / Parish						
City/State						

1 <sup>st</sup> Eucharist						
Date 1 <sup>st</sup> Eucharist Received						
Place / Parish						
City/State						

Confirmation						
Date Confirmed						
Place / Parish						
City/State						

Marriage						
Date of Marriage						
Place / Parish						
City/State						

<b><u>Office use only</u></b>						
Death						
Date						
Cemetery						
City/State						