

Parish Registration Form



Parish Office Use:	
Date:	_____
Parishioner/Env. #:	_____
Census	Bulletin
OSV	DOJ

OUR MOTHER OF GOOD COUNSEL PARISH

16043 S. Bell Road, Homer Glen, IL 60491-6728

Parish Office Phone: (708) 301-6246 Religious Education Office Phone: (708) 301-0214

FAX: (708) 301-6356 E-Mail: office@omgccc.org Website: www.omgccc.org

Family Last Name: _____ Date of Registration: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Unlisted? Y ___ N ___

Do you wish to receive contribution envelopes? Yes / No Do you prefer to contribute online? Yes / No

Go to our Website, click on the Online Giving Logo to enroll

Mr. Ms. Mrs. Dr. Marital Status: Married ___ (Civil ___ Church ___) Single ___ Widow(er) ___ Divorced ___

First Name: _____, _____ Maiden Name: _____ Date of Birth: __/__/__
(M)

Cell Phone: _____ Work Phone: _____ E-Mail: _____

Preferred Method of Contact: Mail ___ E-Mail ___ Text ___ No Contact ___ Religion: _____

Occupation: _____ Place of Employment: _____

Sacraments: Baptism: Yes ___ No ___ Communion: Yes ___ No ___ Confirmation: Yes ___ No ___

Mr. Ms. Mrs. Dr. Marital Status: Married ___ (Civil ___ Church ___) Single ___ Widow(er) ___ Divorced ___

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Children / Dependent Adults Living in the Household

Name(s)	M	F	Date of Birth	School	Sacraments Received (X)			
					Bapt.	Comm.	Pen.	Conf.
_____	___	___	__/__/__	_____	___	___	___	___
_____	___	___	__/__/__	_____	___	___	___	___
_____	___	___	__/__/__	_____	___	___	___	___
_____	___	___	__/__/__	_____	___	___	___	___
_____	___	___	__/__/__	_____	___	___	___	___

Would you be interested in volunteering?

*If volunteering in a Mass ministry, specify the Mass time:

4 PM Saturday _____ 7:30 AM Sunday _____ 9:00 AM Sunday _____ 10:30 AM Sunday _____ 12:00 PM Sunday _____
5:00pm Sunday _____

Full Name: _____ **Best Way/Phone# to reach you:** _____

*Please visit our Website at www.omgccc.org for further information on the following:

LITURGICAL MINISTRY

Altar Server

Eucharistic Minister

Lector

Usher

Sacristan

RELIGIOUS EDUCATION

Religious Education Catechist

Religious Education Aide

Front Desk

Traffic

GROUPS

Homebound Ministry

Knights of Columbus

Council of Catholic Women

Prayer Warriors

Full Name: _____ **Best Way/Phone# to reach you:** _____

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Comments or Special Problems:
