



Our Lady of La Vang Church

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Phone: (714) 775-6200 Fax: (714) 775-6226

Website: www.ourladyoflavang.org

Email: lavangparish@yahoo.com

For office use only

Envelope ID#: _____

Date: _____

REGISTRATION FORM

Please Print (Capitalize) Clearly

A. HEAD OF HOUSEHOLD:

_____ Male Female
(First name) (Middle name) (Last name)

_____ Baptized Eucharist Confirmation Single Married
(Date of Birth) * check all that apply Divorced Widowed Separated

_____ (Education) (Occupation) (Church Ministry)

Address: _____

City: _____ State: _____ Postal Code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-mail _____

Do you wish to receive Sunday Envelopes? Yes No

B. FAMILY MEMBERS:

1. _____ Male Female
(First name) (Middle name) (Last name) (Relationship to Head of Household)

_____ Baptized Eucharist Confirmation Single
(Date of Birth) * check all that apply Married Divorced Widowed Separated

_____ (Education) (Occupation) (Church Ministry)

2. _____ Male Female
(First name) (Middle name) (Last name) (Relationship to Head of Household)

_____ Baptized Eucharist Confirmation Single
(Date of Birth) * check all that apply Married Divorced Widowed Separated

_____ (Education) (Occupation) (Church Ministry)

3. _____ Male Female
(First name) (Middle name) (Last name) (Relationship to Head of Household)

(Date of Birth) * check all that apply Baptized Eucharist Confirmation Single
Married Divorced Widowed Separated

(Education) (Occupation) (Church Ministry)

4. _____ Male Female
(First name) (Middle name) (Last name) (Relationship to Head of Household)

(Date of Birth) * check all that apply Baptized Eucharist Confirmation Single
Married Divorced Widowed Separated

(Education) (Occupation) (Church Ministry)

5. _____ Male Female
(First name) (Middle name) (Last name) (Relationship to Head of Household)

(Date of Birth) * check all that apply Baptized Eucharist Confirmation Single
Married Divorced Widowed Separated

(Education) (Occupation) (Church Ministry)

6. _____ Male Female
(First name) (Middle name) (Last name) (Relationship to Head of Household)

(Date of Birth) * check all that apply Baptized Eucharist Confirmation Single
Married Divorced Widowed Separated

(Education) (Occupation) (Church Ministry)

7. _____ Male Female
(First name) (Middle name) (Last name) (Relationship to Head of Household)

(Date of Birth) * check all that apply Baptized Eucharist Confirmation Single
Married Divorced Widowed Separated

(Education) (Occupation) (Church Ministry)

Date: _____

Signature: _____

Name: _____