

**Our Lady of Consolation**

4865 Eleven Mile Rd. NE

Rockford, MI 49341

Today's Date \_\_\_\_\_

Phone 616-866-0931 / Fax 616-866-3668

**Head of Household** \_\_\_\_\_  
Last First Middle Maiden (if applicable)

Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
If different from street address

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Unl? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work# \_\_\_\_\_  
Cell# \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Religion \_\_\_\_\_ Sacraments Received \_\_\_\_\_  
(Please check all that apply) Baptism Eucharist Confirmation

**Spouse** \_\_\_\_\_  
Last First Middle Maiden (if applicable)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work# \_\_\_\_\_  
Cell# \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Religion \_\_\_\_\_ Sacraments Received \_\_\_\_\_  
(Please check all that apply) Baptism Eucharist Confirmation

**Marital Status** \_\_\_\_\_ Date of Marriage (if married) \_\_\_/\_\_\_/\_\_\_ Married in Catholic Church? \_\_\_\_\_

*Please list any children, dependents, or other adults living at this address:*

**First & Middle Name (Last if different)** **M/F** **Grade** **Date of Birth** **Catholic Sacraments Received**  
(Please check all that apply)

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Baptism Eucharist Confirmation

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Baptism Eucharist Confirmation

Email Address \_\_\_\_\_

Former Parish / Former Address (only if in GR Diocese) \_\_\_\_\_

Should we be aware of any disabilities? \_\_\_\_\_

For office use: ID# \_\_\_\_\_ Date Entered \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_ NPW \_\_\_\_\_ Packet \_\_\_\_\_