

Our Lord of Mercy Catholic Church

Date: / /

Office: 117 Hartman St., P.O. Box 321 Hatch, NM 87937

Phone 575-267-4983 Fax 575-267-4299

REGISTRATION FORM

OFFICE USE ONLY #()

Family (Last) Name	Mailing Address (PO Box or Street)	City	State NM	ZIP
Street Address (if different from mailing address)	Home Phone	Male Cell/Work Phone	Female Cell/Work Phone	
Subdivision	Family's Primary e-mail address			

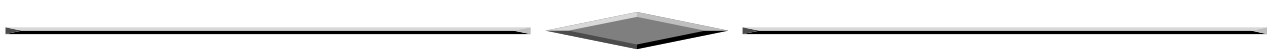
Parish of Previous Registration (Church Name & Location)

Members of the Household

Name, first & middle; last only if different from above: (NOTE: If a different last name for anyone, underline it.)	Date of Birth	M/F	Marital Status	Occupation & Employer or School & Grade	First Language	Religion (if not Catholic)

Check Sacraments Received (Please also show in each box the date each Sacrament was received, if known)

Name	Baptism	Reconciliation	Communion	Confirmation	Catholic Marriage



Do you have any special needs or situations that you wish to call to our attention? Please indicate below. Or, if you prefer, just place a "check mark" [✓] here: _____ and we will contact you personally.