

Our Lady of Prompt Succor Church

CONFIDENTIAL INFORMATION

Please provide the data requested and circle where applicable.

Thank You.

Household Last Name: _____

Former Church Parish: _____

If you do not receive Our Lady of Prompt Succor Contribution Envelopes, would you like to **YES Or NO**

Last Name	Address Apt #	City, State	Zip Code
Telephone #	Marriage Data	Wife's Maiden Name	OLPS School Parent ?
	Mar: In Church Mar: Civilly Div: Remarried in Church		Yes No
	Single Widowed Div: Remarried Civilly		

First Name & MI	Sex	Religion	Convert	Date of Birth	Baptized	Rec. 1st Communion	Confirmed

Children/and or Other at Home		Religion	Convert	Date of Birth	Baptized	Rec. 1st Communion	Confirmed

Check applicable box

What ministry would you like to get involved? (Name Below)	LECTOR	EXTRAORDINARY MINISTER HOLY COMMUNION	USHER	MUSIC MINISTRY	OTHER:

Circle Your Choice Below

Which times do you prefer to attend Mass?		
4:00 p.m. Vigil on Saturday	9:00 a.m. on Sunday	11:00 a.m. on Sunday
Weekday Mass (Monday - Friday)	7:00 a.m.	

Office Use Only

Envelope # _____

O.L.P.S. ID # _____