## **Parish Registration**

Our Lady of Lourdes – St. Adalber 2110 S 32<sup>nd</sup> Street Omaha, NE 68105 402-346-0900





For Office use only:	
Envelope #:	Family Code #
Registered to Pa Initial / date	arish

Rev.3/04/2024											Initi	al / date				
	Date of Registr	ration:		Ethnicity:  Female Head of Household First Name					Language Spoken at Home:  Family Last Name							
	Male Head of I	Household Fi	rst Name					<u>1e</u>								
	Street Address			Apt./Su	ite City/State						Zip Code		<u>Contact Telephone</u>			
					Ma	ale Head of	f Hous	eho	ld							
	Legal First Name  Birth date Birthpla  Ethnicity			Midd	Middle Name/Initial				Nickna	<u>Jickname</u>			<u>Last Name</u>			
				lace							Please check if these sacraments have been recei		n receiv	ved:	Baptism Eucharist	
															Confirmation	
	Work Telephone /Pager Relig			ligion:	n: Email								(	Occupa	ntion	
							[		Female	Неас	d of Househ	old				
Leg	Legal First Name Middle Nam			e/Initial Nickname				Maiden Name				Last Nan	ne			
	Birth date Birthplace			Cell Pho						ase check if these sacraments e been received:		;	Baptism Eucharist			
	Ethnicity	nnicity													Confirmation	
Wo	rk Telephone /P	ager	Religior	า:	Em	ail							Occup	oation		
	Married in Catholic Church    Yes   Is home tell to be listed parish direct			sted in	ted in			Marital Status: Pleas that applies to your			r family:			Is the current marriage recognized as valid by the Catholic Church?		
	Date of Marriage	2	Name of Ch	nurch				Sir Se	ngle, ne ngle, wi parated vorced	dowe				ı	'es No Jnsure	
L									vorced/	/Re-m	arried					

				F	irst Child							
Legal First Na	lle Name/I	nitial	Nickname			Last Name						
Birth date		Sex: Mal		Religion Etl			Ethnicity					
Please check sacra	Please check sacraments received:  Bap  Eucl  Con				Parish / City	ty, State Sacrament Received						
				Seco	nd Child							
Legal First Na	ame		Midd	lle Name/I	nitial		Nickname		Last Name			
Birth date	Bir	thplace		Sex: Mal		Religion	Religion Ethnicity			city		
Please check sacra	Please check sacraments received:			: ition	Parish / City	rish / City, State Sacrament Received						
				Ti	nird Child							
Legal First Na	Legal First Name				Middle Name/Initial				Last Name			
Birth date	Birth date Birthplace			Sex: Male Female			n	Ethni	city			
Please check sacra	Please check sacraments received:			Baptism Eucharist Confirmation			City, State Sacrament Received					
				F	ourth Child							
Legal First Na	Middle Name/Initial			Nickname			L	Last Name				
Birth date		Sex: Male Female			Religion Ethnicity							
Please check sacraments rec	ceived:			Parish / (	City, State Sac	crament l	Received			7		
Baptism Eucharis Confirma			st	2.13117								

		Fifth Chil	d					
Legal Fi	Middle Name/I	nitial	Nickname		Last Name			
Birth date	Birthplace	Sex: Mal		Religion	Ethnici	icity		
Please check	sacraments received:	Baptism Eucharist Confirmation	Parish / City	y, State Sacrament Receiv				
Legal Fi	rst Name	Middle Name/I	nitial	Nickname		Last Name		
Birth date	Birthplace	Sex: Mal		Religion	ty			
Please check	sacraments received:	Baptism Eucharist Confirmation	Parish / City	/, State Sacrament Receiv	<u>ed</u>			
		Seven	th Child					
Legal Fi	rst Name	Middle Name/I	nitial	Nickname		Last Name		
Birth date	Birthplace	Sex: Mal	e   nale _	Religion	Ethnici	ty		
Please check	sacraments received:	Baptism Eucharist Confirmation	Parish / City	y, State Sacrament Receiv	<u>ed</u>			