

Please Print

Our Lady of the Assumption
76 Wianno Avenue
Osterville, MA 02655
Tel 508.428.2011 FAX 508.428.0154

ID# (If known) _____ Do You Use/Receive Envelopes? ___Y ___N

Would you like to receive weekly Offering envelopes? ___Y ___N

Please let us know if you would like to STOP receiving mail from OLA. Call 508-428-2011; return form with note or email: kim@olvparish.org

OR would you like to sign up for online giving through We Share? ___Y ___N If yes, we will contact you directly.

FAMILY LAST NAME _____

Mr/Mrs/Ms/Miss ADULT FIRST NAME _____ Catholic Y N Date of Birth _____
Choose one Baptism Y N 1st Communion Y N Confirmation Y N

Mr/Mrs/Ms/Miss ADULT FIRST NAME _____ Catholic Y N Date of Birth _____
Choose one Baptism Y N 1st Communion Y N Confirmation Y N

Last name (if different) _____

Maiden name _____ Married Y N By a priest or deacon? Y N

HOME STREET ADDRESS _____

Town State Zip Code

MAILING ADDRESS (if different) _____

Town State Zip Code

Home phone _____ Cell phone _____ Email _____

OTHER/OFF-SEASON ADDRESS _____
Town State Zip Code
APPROXIMATE DATES OFF CAPE _____

Table with 6 columns: Others living at the same address: (use back of form if necessary), SACRAMENTS, Date of birth, Baptism, First Comm, Confirmation, Relationship. Includes rows for Y/N responses.

Are you part of Faith Formation/GIFT? Y N If no, would you like to be contacted about the GIFT program? Y N

Are you interested in Parish Stewardship – FAITH IN ACTION – activities?
Ladies Guild Helping with parish meals/special events? Ministry of Hope
Altar Guild Craft Group Choir St. Vincent de Paul Knights of Columbus
Starting/Hosting a new group? _____ (suggestion)