



Parish Registration Form

Our Lady of Peace Church
640 Old Fairmont Pike Mt. Olivet
Wheeling, WV 26003

Parish Office: 304-242-6579
Rectory: 304-242-6575
Fax: 304-243-5410

Website: www.olpww.org Email: parish@olpww.org

For Office Use Only

Date Received _____
Envelope # _____
Former Parish: _____
notification: Yes No

FAMILY LAST NAME:		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Dr. & Mrs. <input type="checkbox"/> Dr. & Dr.			
Address:		City:	State:		Zip Code:
Mailing Address: <i>(If different from above)</i>		Home Phone # _____		Cell Phone # _____	
		Unlisted? (circle) Yes No		Cell Phone # _____	
Email Address:		Former Parish (Church, City/State):			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced* <input type="checkbox"/> Widowed					
If Married: When? _____ Where (Church, City/State): _____ Wife's Maiden Name _____					
Is your marriage recognized by Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure • If No, interested in information about <i>Convalidation</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Convalidation: Ceremony through which the Catholic Church recognizes marriage)</i>					
*If Divorced, are you interested in information about Annulment process at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No					

ADULT MALE	Last Name:	First Name:	Middle Name:	Birth date:
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other _____				Gender: <input type="checkbox"/> M or <input type="checkbox"/> F
Religion:	Primary Language:		Secondary Language:	
Are you a graduate of the following school(s)? • If yes, indicate year.		OLP	BDHS	CCHS
Employer:	Occupation:		Work Phone:	
Date of BAPTISM	Date of FIRST HOLY COMMUNION		Date of CONFIRMATION	
Church:	Church:		Church:	
City & State:	City & State:		City & State:	

ADULT FEMALE	Last Name:	First Name:	Middle Name:	Birth date:
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other _____				Gender: <input type="checkbox"/> M or <input type="checkbox"/> F
Religion:	Primary Language:		Secondary Language:	
Are you a graduate of the following school(s)? • If yes, indicate year.		OLP	BDHS	CCHS
Employer:	Occupation:		Work Phone:	
Date of BAPTISM	Date of FIRST HOLY COMMUNION		Date of CONFIRMATION	
Church:	Church:		Church:	
City & State:	City & State:		City & State:	