

Let us know your Proficient/Certified/Experienced Skills!

Specify **ADULT** family member name where applicable.

Name:	Name:	
_____	_____	Accounting
_____	_____	CPA
_____	_____	Audio Visual Technician
_____	_____	Arts:
		_____ Drama _____ Acting
		_____ Theatre _____ Singing
_____	_____	Baby-Sitting, certified
_____	_____	Bookkeeping
_____	_____	Carpentry
_____	_____	Chef:
		_____ Cook _____ Baker
_____	_____	Construction:
		_____ Project Planner
		_____ Worker
_____	_____	Counseling:
		_____ Marriage and Family
		_____ Career/Leadership
		_____ Mental Health
		_____ Substance Abuse
_____	_____	Crafting
_____	_____	Data Entry
_____	_____	Desktop Publishing
_____	_____	Editing
_____	_____	Electrician
_____	_____	Engineering:
		_____ (Specialty)
_____	_____	Event Planner
_____	_____	Financial:
		_____ Planning _____ Investments
_____	_____	Gardening/Landscape
_____	_____	Graphic Design/Artist

Name:	Name:	
_____	_____	Handyman
_____	_____	Housekeeping
_____	_____	Home Care-Giver
_____	_____	Information Technology
_____	_____	Interior Design/Decorating
_____	_____	Language (other than English-fluent for translating)
_____	_____	_____ Sign Language
_____	_____	Law Enforcement/Security
_____	_____	Legal Services
_____	_____	Marketing/Advertising
_____	_____	Medical/Health
_____	_____	Field: _____
_____	_____	Musical Instrument:
_____	_____	_____
_____	_____	Painting (Structural)
_____	_____	Photography
_____	_____	Plumbing
_____	_____	Power-Point design
_____	_____	Printing & Design:
		_____ Signage _____ Banners
		_____ Calligraphy
_____	_____	Public Speaking
_____	_____	Publicity
_____	_____	Sales
_____	_____	Social Media
_____	_____	Social Worker
_____	_____	Sports/Fitness
_____	_____	Teacher/Subject: _____
_____	_____	Videographer/Camera/Lights
_____	_____	Web-Design/Maintenance
_____	_____	Writing
_____	_____	MS OFFICE: Word, Excel, Publisher
_____	_____	Other: _____

Visit our parish website at olmcсандiego.org for more information on our Ministries and Groups!



OUR LADY OF MOUNT CARMEL PARISH REGISTRATION

(Please PRINT information and drop this form into the collection basket or at the church office.)

Office use only:
Envelope # _____
Date entered _____

FAMILY LAST NAME: _____ Today's Date: _____

Home Address: _____ City _____ Zip _____

Mailing Address (if different than above) _____ City _____ Zip _____

HEAD of Household:

SPOUSE:

Name: _____ **Maiden:** _____

Name: _____ **Maiden:** _____

Email: _____

Email: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Occupation: _____

Occupation: _____

STATUS (check one) Single Married in Catholic Church / Date _____ Married outside Catholic Church / Date _____

Cohabiting Separated Divorced Widowed

Additional Information	Name	Male/ Female	Date of Birth	Religion	Baptism	Eucharist	Confirmed
Head of household							
Spouse							
Child at home							
Child at home							
Child at home							
Child at home							
Others /Relationship							

(See back side for additional information)