

# Our Lady of Hope Registration

534 Broadway  
Carle Place, NY 11514  
Secretary@olhope.org  
516-334-6288

Office Use only

ID Number:  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

Family (Last) Name: \_\_\_\_\_

Address: \_\_\_\_\_

House Number

Street Name

Town

Zip

Home Phone

Cell Phone

Email address

Use this Box for Self Only

Male

Name \_\_\_\_\_ Female  DOB \_\_\_\_\_

First

Middle

Husband \_\_\_\_\_ DOB \_\_\_\_\_

First Name

Middle

Last Name

Wife \_\_\_\_\_ DOB \_\_\_\_\_

First Name

Middle

Maiden Name

Child \_\_\_\_\_ M  F  DOB \_\_\_\_\_

First Name

Middle

Last Name

Child \_\_\_\_\_ M  F  DOB \_\_\_\_\_

First Name

Middle

Last Name

Child \_\_\_\_\_ M  F  DOB \_\_\_\_\_

First Name

Middle

Last Name

Child \_\_\_\_\_ M  F  DOB \_\_\_\_\_

First Name

Middle

Last Name

If you would like to provide additional information please use the back of the page.