

*Our Lady of Mount Carmel Church*  
***Online Registration Form***

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Name(s): \_\_\_\_\_  
\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Are you currently an envelope user at  
Our Lady of Mount Carmel Church?      YES      NO

If YES, what is your envelope number? \_\_\_\_\_

If NO, would you like to receive envelopes? \_\_\_\_\_

Are you interested in getting involved at  
Our Lady of Mount Carmel Church?      YES      NO

If YES, what kind of group or ministry might you like to get involved in?

\_\_\_\_\_  
\_\_\_\_\_

Additional comments or suggestions may be added below:

\_\_\_\_\_  
\_\_\_\_\_  
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