

# Our Lady of Sorrows Church New Parishioner Registration Form

Family Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Married  Date \_\_\_\_\_ Place \_\_\_\_\_

Secondary Phone (\_\_\_\_) \_\_\_\_\_  Separated  Divorced  Widowed  Single

Email \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Adults & Children	Date of Birth	Religion	Baptism Yes/No	1st Com. Yes/No	Confirm Yes/No	M	F	Occupation
First Name: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____	_____	_____	_____	_____	_____	_____	_____	_____

Children over 18 are asked to register separately as an adult.

Gifts of time or talents I would like to share are: \_\_\_\_\_

Drop in collection basket or at Parish Office

Please see back for Sacrament Information

## Sacrament Information

Name	Baptism	First Communion	Confirmation
	Date: _____	Date: _____	Date: _____
	Place: _____	Place: _____	Place: _____

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