

Check if registered here for Religious Ed.:   
 Check if current OMOS School Family:

**PARISH REGISTRATION FORM**  
**OUR MOTHER OF SORROWS**  
 1800 S. KOLB RD.  
 TUCSON, AZ 85710  
 520-747-1321

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

Email \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Last Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 check if winter visitor  
 APT./UNIT # \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_  
 (Circle: Mr. Mrs. Ms. Miss)  check if self-employed  check if retired

PLACE OF EMPLOYMENT \_\_\_\_\_  
 (Circle: Mr. Mrs. Ms. Miss)  check if self-employed  check if retired

First Name	Birth Date	Religion	Sacraments Received *	Mass Attendance	Marriage Status
				Daily: <input type="checkbox"/> seldom <input type="checkbox"/> often Sunday: <input type="checkbox"/> seldom <input type="checkbox"/> often	YES <input type="checkbox"/> NO <input type="checkbox"/> Date _____ Married by Catholic Priest? YES <input type="checkbox"/> NO <input type="checkbox"/>
				Mass Attendance	Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
Full names of children FIRST & LAST (living at home)	Birth Date/Sex	Religion	Sacraments Received *	Mass Attendance	School Name & Grade _____ Enrolled in Rel Ed? Yes/No _____
				Daily: <input type="checkbox"/> seldom <input type="checkbox"/> often Sunday: <input type="checkbox"/> seldom <input type="checkbox"/> often	
				Daily: <input type="checkbox"/> seldom <input type="checkbox"/> often Sunday: <input type="checkbox"/> seldom <input type="checkbox"/> often	
				Daily: <input type="checkbox"/> seldom <input type="checkbox"/> often Sunday: <input type="checkbox"/> seldom <input type="checkbox"/> often	
Others living in your home	Relationship	Religion	Sacraments Received *	Mass Attendance	
				Daily: <input type="checkbox"/> seldom <input type="checkbox"/> often Sunday: <input type="checkbox"/> seldom <input type="checkbox"/> often	

\* B-Baptism \_\_\_\_\_ FC-First Communion \_\_\_\_\_ P-First Confession/Reconciliation \_\_\_\_\_ C-Confirmation \_\_\_\_\_

For office use only: ID \_\_\_\_\_ Pastor's Call \_\_\_\_\_

Language(s) Spoken	Special Needs	Highest Grade/Degree	Name of Previous Parish - City, State
Mr.			
Mrs./Ms./Miss			
Children			
Previous ministry experience:			
Special interests, previous experience, talents, etc. that you would be willing to share:			
I would be interested in serving in the following ministry(ies):			
<p><b>Our parish promotes the ideal of the 10% tithe (5% to the parish, 5% to other charities)</b>            Parish Tithe/Stewardship Offertory Preference (check one)   <input type="checkbox"/> Electronic Funds Transfer (EFT)   <input type="checkbox"/> Envelopes</p>			

**FOR OFFICE USE ONLY BEYOND THIS POINT**

Notes:

Date & initial:

\_\_\_\_\_ ID/Initial entry

\_\_\_\_\_ Pastor's Letter generated

\_\_\_\_\_ Completion of data entry

\_\_\_\_\_ Welcome Packet mailed

\_\_\_\_\_ Envelopes ordered (declined: \_\_\_\_\_)

Copy to ministry leader(s) \_\_\_\_\_