Check if registered here for Religious Ed.: Check if current OMOS School Family: Email Address: Check if winter visitor		OUR MOTH 1800 S TUCSO	PARISH REGISTRATION FORM OUR MOTHER OF SORROWS 1800 S. KOLB RD. TUCSON, AZ 85710 520-747-1321		Today's Date:		
☐ check if winter visitor			APT./UNIT #				
PLACE OF EMPLOYMENT			Phone OCCUPATION:				
(Circle: Mr. Mrs. Ms. Miss)			Phone	□ check	x if self-employed	☐ check if retired	
PLACE OF EMPLOYMENT			Phone OCCUPATION:				
(Circle: Mr. Mrs. Ms. Miss))		Phone	□ checl	k if self-employed	☐ check if retired	
First Name	Birth Date	Religion	Sacraments Received *	Mass Attendance	Marria	ge Status	
				Daily : □seldom □ often Sunday : □seldom □ often	YES[] NO[]		
First Name	Birth Date	Religion	Sacraments Received *	Mass Attendance	Married by Catho	olic Priest?	
				Daily : □seldom □ often Sunday : □seldom □ often	Widowed [] Si Divorced [] Se		
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 : □seldom □ often Sunday : □seldom □ often			
				Daily : □seldom □ often Sunday : □seldom □ often			
				Daily : □seldom □ often Sunday : □seldom □ often			
				Daily : □seldom □ often			

Sacraments Received *

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

Relationship

Others living in your home

For office use only: ID _____ Pastor's Call _____

Religion

(over)

Sunday : □seldom □ often

Mass Attendance

Daily : \square seldom \square often Sunday : \square seldom \square often

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, talent	ts, etc. that you would be willing to sha	are:	
I would be interested in serving in the follow	ving ministry(ies):		
Our parish promotes the ideal or	f the 10% tithe (5% to the p	arish, 5% to other chari	ties)
Parish Tithe/Stewardship Offertory Pres	ference (check one) [] Electronic	Funds Transfer (EFT) []	Envelopes
	FOR OFFICE USE ONLY BI	EYOND THIS POINT	
Date & initial:		Notes:	
ID/Initial entry	Pastor's Letter gene	erated	
Completion of data entry	Welcome Packet ma	ailed	
Envelopes ordered (declined:)			
Copy to ministry leader(s)			03/16/17 mkc