

Check if registered here for Religious Ed.:

Check if current OMOS School Family:

Email _____
Address: _____

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

Today's Date: _____

Last Name: _____

ADDRESS: _____ Apt # _____ ZIP: _____ PHONE: _____

PLACE OF EMPLOYMENT _____ OCCUPATION: _____
(Circle: Mr. Mrs. Ms. Miss) Phone _____ check if self-employed check if retired

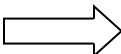
PLACE OF EMPLOYMENT _____ OCCUPATION: _____
(Circle: Mr. Mrs. Ms. Miss) Phone _____ check if self-employed check if retired

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 [] NO [] Date _____	
First Name	Birth Date	Religion	Sacraments Received *	Mass Attendance	Married by Catholic Priest? YES [] NO []	
				Daily : <input type="checkbox"/> seldom <input type="checkbox"/> often Sunday : <input type="checkbox"/> seldom <input type="checkbox"/> often	Widowed [] Single [] Divorced [] Separated []	
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		
				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 _____

(over) 

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):

Our parish promotes the ideal of the 10% tithe (5% to the parish, 5% to other charities)

Parish Tithe/Stewardship Offertory Preference (check one) Electronic Funds Transfer (EFT) Envelopes

FOR OFFICE USE ONLY BEYOND THIS POINT

Date & initial:

_____ ID/Initial entry

_____ Pastor's Letter generated

_____ Completion of data entry

_____ Welcome Packet mailed

_____ Envelopes ordered (declined:____)

Notes:

Copy to ministry leader(s) _____