

Our Lady of the Ozarks Parish Registration * Required Fields

Full Name* _____ Today's Date _____

DOB * _____ / _____ / _____
Month Day Year

Please check all the Sacraments you have received: *
 None Baptism First Holy Communion Confirmation

Marital Status *
 Single
 Married -Wedding Anniversary ____/____/____
Were you married in Catholic Church [] YES [] NO
If not, was your marriage validated in a Catholic Church [] YES [] NO
 Widowed
 Divorced

If Married: Spouse's Full Name* _____
Spouse's DOB * _____ / _____ / _____ Is Spouse Catholic? * [] YES [] NO

Please check all the Sacraments spouse has received: *
 None Baptism First Holy Communion Confirmation

Home Street Address _____ City/State/Zip _____

Mailing Address {If different} _____

Home Phone _____ (His) Cell Phone _____ (Her) Cell _____ Work Phone _____

(His) Email Address _____ (Her) Email Address _____

Previous Parish _____ City/State/Zip _____

Complete the following for all children under age 18 that are still living in your household.

Full Name * _____
DOB * _____ / _____ / _____
Month Day Year

Please check all the Sacraments received *
 None
 Baptism
 First Holy Communion
 Confirmation

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DOB * _____ / _____ / _____
Month Day Year

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 None
 Baptism
 First Holy Communion
 Confirmation

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Please check all the Sacraments received *
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 First Holy Communion
 Confirmation

For additional children's names please use the back of this form.

For Office Use Only:		Notes:
Date Received _____		
Envelope # _____		
CNC# _____		
Welcome Basket Rec'd	Date _____	Initials _____
Data Entry	Date _____	Initials _____
Envelopes	Date _____	Initials _____
Diocese	Date _____	Initials _____
Name Badge	Date _____	Initials _____
Mirror	Date _____	Initials _____
Stewardship Form	Date _____	Initials _____
Treasure Card Rec'd	Date _____	Initials _____

**** For additional children's names**

Complete the following for all children under age 18 that are still living in your household.

Full Name * _____
 DOB * _____ / _____ / _____
 Month Day Year

- Please check all the Sacraments received *
- None
 - Baptism
 - First Holy Communion
 - Confirmation

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 DOB * _____ / _____ / _____
 Month Day Year

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