

**REGISTRATION FOR FIRST RECONCILIATION/EUCHARIST
OUR LADY OF SORROWS PARISH**

2021 -2022

CHILD'S INFORMATION

Name _____ Male _____ Female _____
(first) (middle) (last)

Address _____

Date of birth _____

Place of birth _____

School attending _____ Grade _____

Home telephone _____

Does your child reside with birth mother and father? _____

If not, with whom does your child reside? _____

Does this person have legal custody? _____

Is your child baptized? _____

If yes, date of baptism _____

In what denomination was your child baptized? _____

Place of Baptism _____

Address _____

Does your child have any on-going medical problems? _____

Does your child have any allergies? _____

Does your child have special learning needs? _____

What are your child's hobbies? _____

PLEASE TURN OVER...

MOTHER'S INFORMATION

Mother's name _____
(first) (middle) (maiden) (last)

Address _____

Home telephone _____ Work telephone _____

Mother's religion _____ Military Yes () No ()

If Catholic, have **you** received First Eucharist and Confirmation? _____

FATHER'S INFORMATION

Father's name _____
(first) (middle) (last)

Address _____

Home telephone _____ Work telephone _____

Father's religion _____ Military Yes () No ()

If Catholic, have **you** received First Eucharist and Confirmation? _____

Mail should be addressed to:

Email address:

STEP-PARENT'S INFORMATION

Name _____
(first) (middle) (last)

Address _____

Home telephone _____ Work telephone _____

Step-Parent's religion _____ Military Yes () No ()

Name that the child calls you _____

How many years have you been involved in this child's life? _____