

OUR MOTHER OF MERCY REGISTRATION FORM

(PLEASE PRINT)

TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DOB: MONTH \_\_\_\_\_ DATE \_\_\_\_\_ YEAR \_\_\_\_\_ (OPTIONAL) EMAIL \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_ (H); \_\_\_\_\_ (C); \_\_\_\_\_

RELIGION: CATHOLIC: YES \_\_\_\_\_ NO \_\_\_\_\_ INTERESTED IN JOINING OMM YES \_\_\_\_\_ NO \_\_\_\_\_

OCCUPATION \_\_\_\_\_

SACRAMENTS

BAPTIZED:

YES \_\_\_\_\_ NO \_\_\_\_\_ NAME OF CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_\_

HOLY COMMUNION:

YES \_\_\_\_\_ NO \_\_\_\_\_ NAME OF CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_\_

CONFIRMED:

YES \_\_\_\_\_ NO \_\_\_\_\_ NAME OF CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_\_

MARITAL STATUS:

SINGLE \_\_\_\_\_; MARRIED: \_\_\_\_\_; DIVORCED \_\_\_\_\_; SEPARATED \_\_\_\_\_;

SPOUSE

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

DOB--MONTH \_\_\_\_\_ DATE \_\_\_\_\_ YEAR \_\_\_\_\_ (OPTIONAL) EMAIL \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_ (H); \_\_\_\_\_ (C); \_\_\_\_\_ (W)

RELIGION: CATHOLIC: YES \_\_\_\_\_ NO \_\_\_\_\_ INTERESTED IN JOINING OMM YES \_\_\_\_\_ NO \_\_\_\_\_

OCCUPATION \_\_\_\_\_

SACRAMENTS:

BAPTIZED:

YES \_\_\_ NO \_\_\_ NAME OF CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_\_

HOLY COMMUNION:

YES \_\_\_ NO \_\_\_ NAME OF CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_\_

CONFIRMED:

YES \_\_\_ NO \_\_\_ NAME OF CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_\_

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CHILDREN:

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

SACRAMENTS NEEDED: BAPTISM \_\_\_ HOLY COMMUNION \_\_\_ CONFIRMATION \_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

SACRAMENTS NEEDED: BAPTISM \_\_\_ HOLY COMMUNION \_\_\_ CONFIRMATION \_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

SACRAMENTS NEEDED: BAPTISM \_\_\_ HOLY COMMUNION \_\_\_ CONFIRMATION \_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

SACRAMENTS NEEDED: BAPTISM \_\_\_ HOLY COMMUNION \_\_\_ CONFIRMATION \_\_\_

MINISTRY INTEREST

LECTOR \_\_\_

EUCCHARISTIC MINISTER \_\_\_

CHOIR \_\_\_

USHER \_\_\_

HOSPITALITY \_\_\_

BEREAVEMENT \_\_\_

CCE \_\_\_

RCIA \_\_\_

YOUTH \_\_\_

MUSICIAN \_\_\_

SICK /SHUT IN \_\_\_

OTHER \_\_\_

WHICH MASS DO YOU REGULARLY ATTEND? 5PM \_\_\_\_\_ 10AM \_\_\_\_\_

DO YOU NEED CONTRIBUTION ENVELOPES? YES \_\_\_ NO \_\_\_