

OUR LADY OF SORROWS PARISH 915 Cornell Street, Youngstown, OH 44502 ☎330 788 5082 ☎330 788 2383 e-mail: ourlady915@gmail.com	PARISH CENSUS REGISTRATION FORM	Date Completed:	<i>For Parish Use Only</i>
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IMPORTANT: THE INFORMATION YOU PROVIDE WILL BE FOR CHURCH USE ONLY

Please **PRINT** providing full names and complete as many dates as you can.
Please complete page 2 for *Dependent children living in Household.*

Salutation (Mr. & Mrs./Mr./ Mrs./ Miss/ etc.) and FAMILY NAME	ENVELOPE NUMBER
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PHYSICAL & MAILING ADDRESS/ APARTMENT NO.	MAILING ADDRESS (if different)
City/State/ Zip	City/State/ Zip

E-mail address:	Cell Phone: []	UNLISTED Y <input type="checkbox"/> N <input type="checkbox"/>
Home Phone : []	Work Phone: []	UNLISTED Y <input type="checkbox"/> N <input type="checkbox"/>

Marital Status: Single Married Separated Divorced Widowed

Married by (if married) Catholic Priest Minister Judge

Date of Marriage: **Place of Marriage:**

Mass Attendance: Daily Weekly Monthly Holidays

Please Complete for Both (if any)	HEAD OF HOUSEHOLD	SPOUSE/...
First Name		
Middle Name		
Last or Maiden Name		
Gender (Male or Female)		
Date of Birth (mm/dd/yyyy)		
Place of Birth		
Baptized (if Yes - DATE)		
Church of Baptism		
Reconciliation (if Yes - DATE)		
First Communion (if Yes - DATE)		
Confirmation (if Yes - DATE)		
Occupation (indicate if retired)		
Occupational Skills/Talents <i>(willing to offer to the parish)</i>		
Special Needs (if any)		

CHURCH NAME TO BE USED ON THE ENVELOPE	HOLY NAME OF JESUS CHURCH
	SAINTS CYRIL AND METHODIUS CHURCH
	SAINT MATTHIAS CHURCH

CENSUS REGISTRATION FORM FOR DEPENDENT CHILDREN LIVING IN HOUSEHOLD

If there are more than 3 children, please request additional form or make a copy.

Children over **age of 21** should register separately

	First Child	Second Child	Third Child
First Name			
Middle Name			
Last Name			
Gender (Male or Female)			
Place of Birth			
Date of Birth (mm/dd/yyyy)			
Baptized (Date)			
Place of Baptism			
Reconciliation (Date)			
First Communion (Date)			
Confirmation (Date)			
School Attending			
Current Grade			
Special Needs (if any)			
Religious Education at:			

INDICATE INTEREST IN SERVING YOUR PARISH

Circle all that applies

Altar Server	Choir	Distributor of Holy Communion	Greeter/Usher	Parish Council
Lector	Church Decoration	Kitchen Angels	Bereavement	Fundraising
Slovak Fest	Baking	Nursing Home/Hospital Visits	Finance Council	Holy Communion to Homebound
St. Vincent DePaul Kitchen	Facility Maintenance	Prayer Line	Eucharistic Adoration	Adult Formation
Garden Angels	RCIA team	Marriage Preparation	Liturgy of the Word with Children	Young Adult Group
Bible Study	Church Cleaning	Social Justice	Parish Life	Social Events
Quilters	Our Lady of Sorrows Seniors	Parish Organization for Men	Parish Organization for women	Religious Education of Children

THIS FORM IS ALSO AVAILABLE AT: www.ourladyofsorrowstown.org

IMPORTANT NOTE REGARDING YOUR PARISH RECORDS

As changes occur in your family that affect the information you have provided on this form, please let us know so that we may keep your records complete and up to date.