CHURCH FAMILY REGISTRTION FORM

Our Mother of Mercy Catholic Church

1001 East Terrell Avenue

Fort Worth, TX 76104

Phone: 817.335.1695 Email: ourmother@omomftworth.org

Registration Date:_____Envelope #: _____

Family Last Name:_____

Street Address:_____

City:_____State:_____Zip Code:_____

Mailing Address: (if different)_____

City:_____State:_____ Zip Code:_____

Home Phone:_____ Cell Phone:_____

Marital Status: ____Married ___Divorced____ Separated___ Single _____Other

Husband's Name:_____ DOB_____

Wife's Name:_____ DOB_____

Husband's Occupation:_____Wife's Occupation:_____

Name of children and all family members living at home. Please list all members that you would like to have on your family profile.

First and Last Name	DOB