



Our Lady of Perpetual Help Roman Catholic Parish Registration Form

7655 E. Main Street Scottsdale, AZ. 85251

Office Phone: (480) 947-4331 Fax: (480) 874-3798

For Office use only:

[] ENVELOPE #: _____
[] OSV [] DIOCESE
[] PARISHSOFT

WELCOME TO OUR LADY OF PERPETUAL HELP ROMAN CATHOLIC PARISH! PLEASE PRINT CLEARLY. THANK YOU.

Family Name: _____ Primary Language: _____ DATE: _____

Mailing Address: _____ City & Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Tithing/Contribution Method - Online Giving Link or QR Code: osvhub.com/olphaz/giving/funds



Primary Email Address: _____

Head of Household Information

First Name: _____ Last Name (If different): _____

Please Select: ☐ Male ☐ Female ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced Disabled: Yes No

Date of Birth: _____ Religion: _____ Occupation: _____

Please indicate the Sacraments you have Received in the Catholic Church and write the month and year received:

BAPTISM	FIRST COMMUNION	CONFIRMATION	PENANCE	MATRIMONY
____/____	____/____	____/____	____/____	____/____

Spouse Information

First Name: _____ Last Name (If different): _____

Please Select: ☐ Male ☐ Female ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced Disabled: Yes No

Date of Birth: _____ Religion: _____ Occupation: _____

Please indicate the Sacraments you have Received in the Catholic Church and write the month and year received:

BAPTISM	FIRST COMMUNION	CONFIRMATION	PENANCE	MATRIMONY
____/____	____/____	____/____	____/____	____/____

Child's Information

First Name: _____ Last Name (If different): _____

Please Select: ☐ Male ☐ Female Disabled: Yes No Years of Religious Education: _____

Date of Birth: _____ Religion: _____ Occupation: _____

Please indicate the Sacraments you have Received in the Catholic Church and write the month and year received:

	BAPTISM	FIRST COMMUNION	CONFIRMATION	PENANCE
Date Received:	____/____	____/____	____/____	____/____

Child's Information

First Name: _____ Last Name (If different): _____

Please Select: ☐ Male ☐ Female Disabled: Yes No Years of Religious Education: _____

Date of Birth: _____ Religion: _____ Occupation: _____

Please indicate the Sacraments you have Received in the Catholic Church and write the month and year received:

	BAPTISM	FIRST COMMUNION	CONFIRMATION	PENANCE
Date Received:	____/____	____/____	____/____	____/____

Child's Information

First Name: _____ Last Name (If different): _____

Please Select: ☐ Male ☐ Female Disabled: Yes No Years of Religious Education: _____

Date of Birth: _____ Religion: _____ Occupation: _____

Please indicate the Sacraments you have Received in the Catholic Church and write the month and year received:

	BAPTISM	FIRST COMMUNION	CONFIRMATION	PENANCE
Date Received:	____/____	____/____	____/____	____/____

Child's Information

First Name: _____ Last Name (If different): _____

Please Select: ☐ Male ☐ Female Disabled: Yes No Years of Religious Education: _____

Date of Birth: _____ Religion: _____ Occupation: _____

Please indicate the Sacraments you have Received in the Catholic Church and write the month and year received:

	BAPTISM	FIRST COMMUNION	CONFIRMATION	PENANCE
Date Received:	____/____	____/____	____/____	____/____