## Our Lady of the Ozarks Parish Registration \* Required Fields

Full Name*	To	day's Date
DOB *//	<u>_</u>	
Month Day Year		
Please check all the Sacraments you have receive		
□ None □ Baptism □ First Holy Co	ommunion   Confirmation	
Marital Status *		
□ Single		
☐ Married -Wedding Anniversary/		
☐ Married -Wedding Anniversary/_ Were you married in Catholic Church [] YES	5 [] NO	
If not, was your marriage validated in a Catho	olic Church [] YES [] NO	
Widowed		
□ Divorced		
If Married: Spouse's Full Name*		
Spouse's DOB *//	Is Spouse Catholic? * [] YES	[] NO
Please check all the Sacraments spouse has receive	ved: *	
□ None □ Baptism □ First Holy Co	ommunion □ Confirmation	
Home Street Address	City/State/Zip	
Mailing Address {If different}		
Home Phone (His) Cell Phone	(Her) Cell	Work Phone
( )	( - ,	
(His) Email Address	(Her) Email Address	
(Till) Lindii / Idai ess	(i.e.) Linai Address	
Previous Parish	City/State/Zip	
	·	
Complete the following for all children under	er age 18 that are still living in yo	our household.
Full Name *	Full Name *	
DOB *//	/	/
Month Day Year	Month Day	Year
Please check all the Sacraments received *	Please check all the Sacrar	nents received *
None	□ None	
Baptism	□ Baptism	
☐ First Holy Communion	☐ First Holy Communion	
□ Confirmation	☐ Confirmation	
Full Name *////	Full Name *	
DOB *//	/	/
Month Day Year	Month Day	Year
Please check all the Sacraments received *	Please check all the Sacrar	nents received *
□ None	□ None	
☐ Baptism ☐ First Holy Communion	☐ Baptism	
☐ First Holy Communion ☐ Confirmation	☐ First Holy Communion☐ Confirmation	
LI COMMINIATION	Li Comminduon	

For additional children's names please use the back of this form.

For Office Use Or	aly:	Notes:
Date Received		
Envelope #		
CNC#		
Welcome Basket I	Rec'd Date	Initials
Data Entry	Date	Initials
Envelopes	Date	Initials
Diocese	Date	Initials
Name Badge	Date	Initials
Mirror	Date	Initials
Stewardship Forn	n Date	Initials
Treasure Card Re	ec'd Date	Initials

## \*\* For additional children's names

## Complete the following for all children under age 18 that are still living in your household.

Full Name *	_ Full Name *		
DOB *///	DOB */		
Month Day Year	Month Day Year		
Please check all the Sacraments received *	Please check all the Sacraments received *		
□ None	□ None		
□ Baptism	☐ Baptism		
☐ First Holy Communion	☐ First Holy Communion		
□ Confirmation	☐ Confirmation		
Full Name *	Full Name *		
DOB *//	DOB *//		
Month Day Year	Month Day Year		
Please check all the Sacraments received *	Please check all the Sacraments received *		
□ None	□ None		
□ Baptism	☐ Baptism		
☐ First Holy Communion	☐ First Holy Communion		
□ Confirmation	□ Confirmation		