

Check one: Send Giving Envelopes _____
Giving On-Line _____

Previous Parish: _____
Unregister from Previous Parish: yes ___ no ___

Registration Form
St. Oscar Romero Parish
14395 Chandler, Eastvale, CA 92880

For Office Only Env # _____ Reg. in OSV & PS on _____
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Please Print Legibly

Family Information:

Last Name: _____ First Name: _____

Mailing Name (i.e. Mr. & Mrs. John Doe): _____

Address: _____

City: _____ Zip Code: _____

Home Phone (include area code): _____ Emerg. Phone: _____

Are there any members of your household who would like to be visited by a priest? _____

Individual Member Information (for Adults; dependent children information to be listed on back)

Parish Status: Active: ___ Inactive: ___ DOB (mm/dd/yyyy): _____

Gender: Male: ___ Female: ___ Role: (Head of House, Husband, Wife, Grandparent, etc.): _____

First Name: _____ Nickname: _____ Maiden Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____ First Language: _____

Occupation: _____ Employer: _____

Single: ___ Married: ___ Valid Catholic Marriage?: ___ Separated: ___ Divorced: ___ Annulled: ___

Sacramental Information (Dates – please list month, day, year if possible)

Baptism date: _____ Catholic? Reconciliation date: _____

Eucharist date: _____ Confirmation date: _____

Parish Status: Active: ___ Inactive: ___ DOB (mm/dd/yyyy): _____

Gender: Male: ___ Female: ___ Role: (Head of House, Husband, Wife, Grandparent, etc.): _____

First Name: _____ Nickname: _____ Maiden Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____ First Language: _____

Occupation: _____ Employer: _____

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Cell Phone: _____ Work Phone: _____

Email: _____ First Language: _____

Occupation: _____ Employer: _____

Single: ___ Married: ___ Valid Catholic Marriage?: ___ Separated: ___ Divorced: ___ Annulled: ___

Sacramental Information (Dates – please list month, day, year if possible)

Baptism date: _____ Catholic? Reconciliation date: _____

Eucharist date: _____ Confirmation date: _____

Dependent Children Information (Please print legibly)

Son:___ Daughter:___ First Name:_____ Last Name:_____
Birthdate:_____ Birth Place:_____ First Language:_____
School:_____ H.S. Grad. Yr.:_____

Check if Sacrament Receive and add date if known:

Baptism ___ date:_____ Catholic? ___ Reconciliation ___ date:_____
Eucharist ___ date:_____ Confirmation ___ date:_____

Son:___ Daughter:___ First Name:_____ Last Name:_____
Birthdate:_____ Birth Place:_____ First Language:_____
School:_____ H.S. Grad. Yr.:_____

Check if Sacrament Receive and add date if known:

Baptism ___ date:_____ Catholic? ___ Reconciliation ___ date:_____
Eucharist ___ date:_____ Confirmation ___ date:_____

Son:___ Daughter:___ First Name:_____ Last Name:_____
Birthdate:_____ Birth Place:_____ First Language:_____
School:_____ H.S. Grad. Yr.:_____

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Baptism ___ date:_____ Catholic? ___ Reconciliation ___ date:_____
Eucharist ___ date:_____ Confirmation ___ date:_____

Son:___ Daughter:___ First Name:_____ Last Name:_____
Birthdate:_____ Birth Place:_____ First Language:_____
School:_____ H.S. Grad. Yr.:_____

Check if Sacrament Receive and add date if known:

Baptism ___ date:_____ Catholic? ___ Reconciliation ___ date:_____
Eucharist ___ date:_____ Confirmation ___ date:_____

Son:___ Daughter:___ First Name:_____ Last Name:_____
Birthdate:_____ Birth Place:_____ First Language:_____
School:_____ H.S. Grad. Yr.:_____

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Baptism ___ date:_____ Catholic? ___ Reconciliation ___ date:_____
Eucharist ___ date:_____ Confirmation ___ date:_____

Son:___ Daughter:___ First Name:_____ Last Name:_____
Birthdate:_____ Birth Place:_____ First Language:_____
School:_____ H.S. Grad. Yr.:_____

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Baptism ___ date:_____ Catholic? ___ Reconciliation ___ date:_____
Eucharist ___ date:_____ Confirmation ___ date:_____

Son:___ Daughter:___ First Name:_____ Last Name:_____
Birthdate:_____ Birth Place:_____ First Language:_____
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