

**Saint Oscar Romero
Parish Registration Form
14395 Chandler, Eastvale, CA 92880**

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

Previous Parish: _____
Unregister from Previous Parish: yes__ no__
*please contact your previous parish with change

Please Print Legibly

For Office Only Env # _____ Reg. in OSV & PS on _____
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Family Information:

Last Name (s): _____ First Name (s): _____
Mailing Name (i.e. Mr. & Mrs. John Doe): _____
Address: _____
City: _____ Zip Code: _____
Home Phone (include area code): _____ Emerg. Phone: _____

Individual Member Information:

(for adult household members; dependent children information to be listed on back)

First Name: _____ Nickname or Maiden name (if applicable): _____
Role: (Head of House, Husband, Wife, Grandparent, etc.): _____
DOB (mm/dd/yyyy): _____
Gender: Male:___ Female:___
Phone: _____ cell or work?
Email: _____
Single:___ Married:___

Sacramental Information

Catholic? Baptized 1st Communion Reconciliation Confirmation

First Name: _____ Nickname or Maiden name (if applicable): _____
Role: (Head of House, Husband, Wife, Grandparent, etc.): _____
DOB (mm/dd/yyyy): _____
Gender: Male:___ Female:___
Phone: _____ cell or work?
Email: _____
Single:___ Married:___

Sacramental Information

Catholic? Baptized 1st Communion Reconciliation Confirmation

First Name: _____ Nickname or Maiden name (if applicable): _____
Role: (Head of House, Husband, Wife, Grandparent, etc.): _____
DOB (mm/dd/yyyy): _____
Gender: Male:___ Female:___
Phone: _____ cell or work?
Email: _____
Single:___ Married:___

Sacramental Information

Catholic? Baptized 1st Communion Reconciliation Confirmation

Dependent Children Information (Please print legibly)

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

Check if Sacrament Received 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: _____

Check if Sacrament Received 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: _____

Check if Sacrament Received 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: _____

Check if Sacrament Received 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: _____

Check if Sacrament Received 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: _____

Check if Sacrament Received 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: _____

Check if Sacrament Received and add date if known:

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