

*** Notes Required Field**

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

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

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

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

Please Print Legibly

Family Information:

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

Individual Adult Family Member Information
(Dependent children information to be listed on back)

*First Name: _____ *Last Name: _____
*Middle Name: _____ *Maiden Name: _____ Nickname: _____
*Role: *(Head of House, Husband, Wife, Grandparent, etc.):* _____
*DOB (mm/dd/yyyy): _____ *Gender: Male: _____ Female: _____ Ethnicity _____
*Cell Phone: _____ Work Phone: _____
*Email: _____ First Language: _____
Occupation: _____ Employer: _____
Valid Catholic Marriage: ___ Non-Catholic Marriage: ___ Single: ___ Separated: ___ Divorced: ___ Annulled: ___

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

Baptism Catholic _____ Baptism Other Faith (specify) _____
1st Reconciliation/Confession _____ 1st Communion _____ Confirmation _____

Individual Adult Family Member Information
(Dependent children information to be listed on back)

*First Name: _____ *Last Name: _____
*Middle Name: _____ *Maiden Name: _____ Nickname: _____
*Role: *(Head of House, Husband, Wife, Grandparent, etc.):* _____
*DOB (mm/dd/yyyy): _____ *Gender: Male: _____ Female: _____ Ethnicity _____
*Cell Phone: _____ Work Phone: _____
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Occupation: _____ Employer: _____
Valid Catholic Marriage: ___ Non-Catholic Marriage: ___ Single: ___ Separated: ___ Divorced: ___ Annulled: ___

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

Baptism Catholic _____ Baptism Other Faith (specify) _____
1st Reconciliation/Confession _____ 1st Communion _____ Confirmation _____

Dependent Children Information (Please print legibly)

Son:___ Daughter:___ First:_____ Middle:_____ Last:_____
Birthdate:_____ Birth Place:_____ First Language:_____
School:_____ Special Needs/Allergies:_____

Check if Sacrament Receive and add date if known:

Baptism Catholic _____ date:_____ Baptized Non-Catholic (specify)_____
1st Confession _____ date:_____ 1st Communion _____ date:_____ Confirmation _____ date:_____

Son:___ Daughter:___ First:_____ Middle:_____ Last:_____
Birthdate:_____ Birth Place:_____ First Language:_____
School:_____ Special Needs/Allergies:_____

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