

Our Lady of Sorrows Catholic Church

5020 Rhodes Avenue

Saint Louis, Missouri 63109

Env.# _____ Last Name _____ First Name _____ Spouse _____

Address _____ City _____ Zip _____ Today's Date _____

Phone # _____

Marital status (circle one): Married Single Engaged Widowed Separated Divorced

of Children _____ Salutation (circle one): Mr. & Mrs. Mr. Mrs. Ms. Miss

E-mail address _____

	Head of Household	Spouse	Other/Child	Child	Child
First Name					
Last Name & Maiden name					
Sex (male/female)					
Birth Date (mo/day/year)					
Religion					
Occupation					
Baptized (Y or N) *					
Penance (Y or N) *					
First Communion (Y or N) *					
Confirmation (Y or N) *					
Church where married					
Date Married					
School Attending					
Highest Grade completed					

* Provide date or year sacrament was received, if possible.

Please return form to rectory to complete your registration.