
Our Mother of Consolation Parish Registration Form

7 E. Chestnut Ave, Philadelphia, PA 19118 ♦ 215-247-0430 ♦ www.omcparish.com

Parish Mission Statement - *Nourished by the Word and Eucharist, we, the members of Our Mother of Consolation Parish, strive to create a vital, welcoming Catholic faith community that embraces each person. Acknowledging our blessings and supporting one other, we humbly serve the needs of God's people and work to be the presence of Christ in our world.*

Email as an attachment to mcassidy@omcparish.com
or print out & mail to the parish office



Welcome to Our Mother of Consolation Parish Community! We are grateful for your presence here and we look forward to you becoming an active member of our faith community.

Please completely answer all items on this Parish Registration Form. The information you provide enables us to serve our diverse community, helping us to determine needs and plan future programs to support the needs of our parishioners. Our Mother of Consolation makes no judgment based on age, gender, race or marital status. Your responses will be available only to parish staff and the Archdiocese; this information will not be shared with anyone else.

Family Name: _____ Date: - -

Address: _____

City: _____ State: _____ Zip: -

Home Phone Number: - - Listed Unlisted

Adult #1: Religion: _____ Gender: Male Female

Name: _____ Title: _____
(First - Middle - Last)

Goes by Name (Nickname): _____ Maiden Name: _____

Preferred e-mail address: _____ Cell# --

Birth date: ____/____/____ Languages other than English: _____

Marital status: Single Married Widowed Separated Divorced

Race: White Black Bi-racial Asian Native American Hispanic Mixed race

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

Baptism Date: ____/____/____ Church: _____

First Reconciliation Date: ____/____/____.

First Eucharist Date: ____/____/____.

Confirmation Date: ____/____/____.

Marriage Date: ____/____/____ Church: _____

Married by Priest Married outside the Church with permission Married outside the Church

Occupation: _____ Degree achieved: _____

Employer: _____ Work Phone: --

Any Adult, other than a married Spouse, please register on a separate registration form

Adult #2 (Spouse): Religion: _____ Gender: Male Female

Name: _____ Title: _____
(First - Middle - Last)

Goes by Name (Nickname): _____ Maiden Name: _____

Preferred e-mail address: _____ Cell# --

Birth date: ____/____/____ Languages other than English: _____

Race: White Black Bi-racial Asian Native American Hispanic Mixed race

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

Baptism Date: ____/____/____ Church: _____

First Reconciliation Date: ____/____/____.

First Eucharist Date: ____/____/____.

Confirmation Date: ____/____/____.

Occupation: _____ Degree achieved: _____

Employer: _____ Work Phone: --

Adult Children (25 & older) who live at home please register on a separate registration form

Child #1 (At Home) Religion: _____ Gender: Male Female

Name: _____
(First - Middle – Last)

Goes by Name (Nickname): _____

Birth date: ____ / ____ / ____ Languages other than English: _____

Race: White Black Bi-racial Asian Native American Hispanic Mixed race

School: Pre-K thru 12 _____ Grade Level: _____

College/University: _____ Year: _____

Email: _____

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

Baptism Date: ____ / ____ / ____ Church: _____

First Reconciliation Date: ____ / ____ / ____

First Eucharist Date: ____ / ____ / ____

Confirmation Date: ____ / ____ / ____

Any comments that would be helpful for us to serve your child: _____

Child #2 (At Home) Religion: _____ Gender: Male Female

Name: _____
(First - Middle – Last)

Goes by Name (Nickname): _____

Birth date: ____ / ____ / ____ Languages other than English: _____

Race: White Black Bi-racial Asian Native American Hispanic Mixed race

School: Pre-K thru 12 _____ Grade Level: _____

College/University: _____ Year: _____

Email: _____

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

Baptism Date: ____ / ____ / ____ Church: _____

First Reconciliation Date: ____ / ____ / ____

First Eucharist Date: ____ / ____ / ____

Confirmation Date: ____ / ____ / ____

Any comments that would be helpful for us to serve your child: _____

Child #3 (At Home) Religion: _____ Gender: Male Female

Name: _____
(First - Middle - Last)

Goes by Name (Nickname): _____

Birth date: ____ / ____ / ____ Languages other than English: _____

Race: White Black Bi-racial Asian Native American Hispanic Mixed race

School: Pre-K thru 12 _____ Grade Level: _____

College/University: _____ Year: _____

Email: _____

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

Baptism Date: ____ / ____ / ____ Church: _____

First Reconciliation Date: ____ / ____ / ____

First Eucharist Date: ____ / ____ / ____

Confirmation Date: ____ / ____ / ____

Any comments that would be helpful for us to serve your child: _____

Child #4 (At Home) Religion: _____ Gender: Male Female

Name: _____
(First - Middle - Last)

Goes by Name (Nickname): _____

Birth date: ____ / ____ / ____ Languages other than English: _____

Race: White Black Bi-racial Asian Native American Hispanic Mixed race

School: Pre-K thru 12 _____ Grade Level: _____

College/University: _____ Year: _____

Email: _____

Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person)

Baptism Date: ____ / ____ / ____ Church: _____

First Reconciliation Date: ____ / ____ / ____

First Eucharist Date: ____ / ____ / ____

Confirmation Date: ____ / ____ / ____

Any comments that would be helpful for us to serve your child: _____

Please make copies for additional children at home