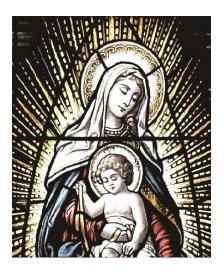
Our Mother of Consolation Parish Registration Form

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 |

| Gender: Male Female | | |
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| Title: | | |
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| Maiden Name: | | |
| Cell# | | |
| Languages other than English: | | |
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| Church: | | |
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| / Church: | | |
| Married outside the Church with permission Married outside the Church | | |
| Degree achieved: | | |
| Work Phone: | | |
| | | |
| married Spouse, please register on a separate registration form | | |
| Gender: Male Female | | |
| | | |
| | | |
| Maiden Name: | | |
| Cell# | | |
| Languages other than English: | | |
| i-racial Asian Native American Hispanic Mixed race | | |
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| Degree achieved: | | |
| Work Phone: | | |
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Adult Children (25 & older) who live at home please register on a separate registration form Child #1 (At Home) Religion: _____ Gender: Male Female (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: _____ Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person) ☐ Baptism Date: / / . Church: First Reconciliation Date: // /_____ Date: / / . First Eucharist Confirmation Date: / / . Any comments that would be helpful for us to serve your child: Child #2 (At Home) Religion: _____ Gender: Male Female (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: _____ __ Year: _____ College/University: **Sacraments Received:** (please submit a baptismal certificate with sacrament notations for this person) Date: / / Church: ☐ Baptism First Reconciliation Date: / / ____ First Eucharist Date: / / . Confirmation Any comments that would be helpful for us to serve your child:

| Name: | e : |
|--|-----|
| Goes by Name (Nickname): | e : |
| Birth date: | e : |
| Race: | e : |
| School: Pre-K thru 12 | i: |
| College/University: | : |
| Email: | a) |
| 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: Ma Name: | |
| 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: Many Name: | |
| 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: Many Name: | |
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| Confirmation Date: | |
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| Birth date:/ Languages other than English: | |
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| School: Pre-K thru 12 Grade Level: | |
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| Sacraments Received: (please submit a baptismal certificate with sacrament notations for this person | n) |
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| First Reconciliation Date:/ | |
| First Eucharist Date: | |
| Confirmation Date: / / . | |
| Any comments that would be helpful for us to serve your child: | |