

BLESSED SACRAMENT PARISH REGISTRATION FORM

Please print

Today's Date _____

Last Name _____ Date of Marriage _____

First Name _____ Date of Birth _____

Spouse _____ Date of Birth _____

Children Living in Household

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Home Address & Mailing Address

Home Address _____

Mailing Address, if different _____

City _____ State _____ Zip Code _____

E-mail _____ & _____

Phone _____ Cell Phone _____

Preferred language for communication _____ New parishioner [] Updating census []

Please fill out this form and return to:

Blessed Sacrament Parish

829 SW 2nd Ave

Ontario, Or. 97914