

Our Lady of Sorrows Registration
 217 Prospect Street – South Orange, NJ 07079
 Tel: 973-763-5454 Fax: 973-763-9506

Family Name: _____

Do you want Envelopes? Yes No (please circle)

Address: _____

Online giving: www.parishgiving.org Our Lady of Sorrows Church

City/State/Zip: _____

Date: _____

Telephone: _____

Email: _____

Head of Household: Married Separated Divorced Single (please circle)

List Only Those Living With You (include Last Name if Different)	Occupation	Date of Birth (Month/Day/ Year)	Religion	Baptism Yes/No	1 st Comm Yes/No	Confirm Yes/No
Husband:						
Wife:						
Children:						
Others Living With You (and how related):						