

**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.paritygiving.org](http://www.paritygiving.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)	Date of Birth (Month/Day/Year)	Religion	Baptism Yes/No	1 <sup>st</sup> Comm Yes/No	Confirm Yes/No
Husband:					
Wife:					
Children:					
Others Living With You (and how related):					