

Office Use Only:  
ID/Envelope # \_\_\_\_\_

**Our Lady of Solitude Parish**  
**151 W Alejo Rd • Palm Springs, CA • (760) 325-3816**

**FAMILY REGISTRATION**

Date: \_\_\_\_\_ would you like to receive Contribution Envelopes?    Si/No

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

|                         | Head of Household  | Spouse   |
|-------------------------|--|--|
| First Name              |  |  |
| Middle Inital           |  |  |
| Last Name / Maiden Name |  |  |
| Date of Birth           |  |  |
| Language Prefer         |  |  |
| Ocupation               |  |  |
| Email                   |  |  |
| Baptized                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Comunion          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Confirmation            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mariage                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please complete other side for children residing at home.

## Child

Last Name: \_\_\_\_\_ Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Sex:  M  F

Date of Birth: \_\_\_\_\_

Baptism

Sacraments Received:

First Communion  Confirmation

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## Child

Last Name: \_\_\_\_\_ Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Sex:  M  F

Date of Birth: \_\_\_\_\_

Baptism

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Sex:  M  F

Date of Birth: \_\_\_\_\_

Baptism

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First Communion  Confirmation

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