



215 Bishop Road
Cleveland, MS 38732
662-846-6273
www.olvcleveland.com

PARISH REGISTRATION FORM

Please complete on both sides and bring to office, mail in, or place in collection basket.
(Please Print)

NAME _____ DATE _____
(Mr., Mrs., Miss, Dr.)

ADDRESS _____
Number and Street Apt. # City Zip

MAILING ADDRESS (if different from above) _____

EMAIL _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ **ETHNIC GROUP _____

RELIGION _____ I have received: Baptism ___ Eucharist ___ Confession ___ Confirmation ___

ARE YOU A DSU STUDENT? _____

CURRENT MARITAL STATUS: Single ___ Married ___ Divorced ___ Widowed ___

OCCUPATION _____ Work Phone _____

PLACE OF EMPLOYMENT _____

WAYS YOU'D LIKE TO VOUNTEER AT THE CHURCH: _____

NAME OF SPOUSE _____
(Mr. , Mrs., Miss, Dr.)

EMAIL _____ CELL PHONE _____

DATE OF BIRTH _____ **ETHNIC GROUP _____

RELIGION _____ I have received: Baptism ___ Eucharist ___ Reconciliation ___ Confirmation ___

OCCUPATION _____ Work Phone _____

PLACE OF EMPLOYMENT _____

WAYS YOU'D LIKE TO VOUNTEER AT THE CHURCH: _____

_____ NEED TO TALK TO A PRIEST (QUESTIONS, ANNULMENT, COUNSELING, ASSISTANCE, ETC.)

****Ethnic Group is for reports submitted each year to the Catholic Diocese.**

CHIDLREN LIVING AT HOME (List Oldest to Youngest)

1.) Full name _____ Date of Birth _____

Male or Female? _____ **Ethnic Group _____

School Attending _____ Grade in School _____

Dates/Parish where Sacraments were received if **NOT** at Our Lady of Victories:

Baptism _____ First Communion _____

Reconciliation _____ Confirmation _____

2.) Full name _____ Date of Birth _____

Male or Female? _____ **Ethnic Group _____

School Attending _____ Grade in School _____

Dates/Parish where Sacraments were received if **NOT** at Our Lady of Victories:

Baptism _____ First Communion _____

Reconciliation _____ Confirmation _____

3.) Full name _____ Date of Birth _____

Male or Female? _____ **Ethnic Group _____

School Attending _____ Grade in School _____

Dates/Parish where Sacraments were received if **NOT** at Our Lady of Victories:

Baptism _____ First Communion _____

Reconciliation _____ Confirmation _____

4.) Full name _____ Date of Birth _____

Male or Female? _____ **Ethnic Group _____

School Attending _____ Grade in School _____

Dates/Parish where Sacraments were received if **NOT** at Our Lady of Victories:

Baptism _____ First Communion _____

Reconciliation _____ Confirmation _____

If more room is needed, please provide the information on a separate sheet of paper and attach to this sheet.

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