Family Name:						F THE WELCOME				YOU			which method you	
Street Address:					TO COMPLETE THE REGISTRATION PROCESS AND PERSONALLY WELCOME YOU TO OUR PARISH WITH A GIFT							prefer to use for your contributions to Sacred Heart Church Offertory envelopes		
City / Zip:					Do you wish to be contacted?							□ ACH (auto checking withdrawal)		
												•	(Visa or M/C)	
										_	_		(10000111170)	
Home Phone:()(Unlisted: Yes No)					Do you wish to be added to our email list to receive parish information and up coming events? We do not disclose your address to others on the list or any outside entity. Yes No									
E-mail address:					Name: Business	Phone / Cell Phone:								
(Head of Household)				Name: Business Phone / Cell Phone:(Head of Household)										
E-mail address:					Name: Business Phone / Cell Phone:									
(Spouse)					(Spouse)									
		(see codes							_	_				
First Name and Middle Int. (and last, if different)	Age	Title (A)	Marital Status (B)	Religion	Ethnicity	Occupation / School	Sex M / F	Date of Birth	Baptism	Penance	First Communion	Confirmation	Marriage (in a Catholic Church)	
				 					yes no	yes no	yes no	yes no	yes no	
				I					yes no	yes no	yes no	ves no	yes no	
Children Living home:							l		700	700	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,) 90c	
J									yes no	voe no	vos no	vos no	vos no	
				 					yes no	yes no	yes no	yes no	yes no	
									yes no	yes no	yes no	yes no	yes no	
									yes no	yes no	yes no	yes no	yes no	
				1					yes no	yes no	yes no	yes no	yes no	
									yes no	yes no	yes no	yes no	yes no	
				<u> </u>					yes no	yes no	yes no	yes no	yes no	
Mrs. Ms. Miss Dr.	CH Ca M No S Sin W Wid SP Sep	t in Catholio gle dow / Wido	ch Marriage c Church							Date Receiv OSV Web E Envelope #: ParishSoft E Welcome Co Bulletin: Copy (ies) to	ntry: ntry: ommittee:	se Only		

WILL YOU AND YOUR CHILDREN BE	ARE THERE ANY WAYS YOU WOULD					
PARTICIPATING IN OUR RELIGIOUS	LIKE TO BE INVOLVED IN OUR PARISH					
EDUCATION PROGRAMS?	COMMUNITY?					
YES NO						
HOW CAN OUR PARISH HELP YOU?						
						
	ANV TALENTO HODDIES OD SDECIAL					
	ANY TALENTS, HOBBIES, OR SPECIAL INTERESTS THAT YOU WISH TO SHARE?					
	INTERESTS THAT YOU WISH TO SHAKE?					
PLEASE MAKE COMMENTS,						
ASK QUESTIONS,						
OR PROVIDE ADDITIONAL INFORMATION						
THAT WILL HELP US TO KNOW						
AND SERVE YOU BETTER.	PLEASE INDICATE ANY SPECIAL NEEDS					
	YOU OR YOUR FAMILY MAY HAVE					
						

SACRED HEART CHURCH OF OCEAN BEACH

4776 SARATOGA AVENUE

SAN DIEGO, CA 92107

PHONE: 619.224.2746

FAX: 619.224.0459

www.sacredheartob.org



CONFIDENTIAL REGISTRATION FORM

THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE & FOR PARISH USE ONLY

IF YOU SHOULD HAVE ANY QUESTIONS

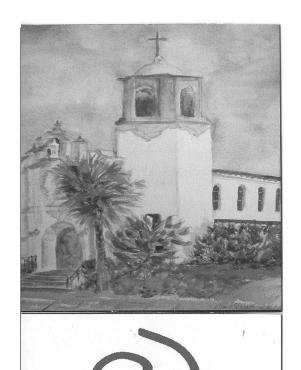
REGARDING THE FORM

OR IF YOU HAVE ANY CONCERNS,

PLEASE CALL THE PARISH OFFICE AT:

619.224.2746

WELCOME TO SACRED HEART CHURCH



SACRED HEART CHURCH
OF OCEAN BEACH
4776 SARATOGA AVENUE
SAN DIEGO, CALIFORNIA 92107

A parish built on love.