Sacred Heart Ministries

Please check those that interest you.

- Adult Faith Formation (RCIA)
- Altar & Rosary Society
- Altar Servers
- Bereavement Ministry
- 🔲 Book Club
- Care of the Whole Person
- Children's Faith Formation
- Children's Liturgy of the Word
- Courtyard Care Ministry
- Creation Care Team
- Eucharistic Ministry
- Community Dinner
- Homebound Ministry
- Hospitality
- Knights of Columbus
- Loaves & Fishes
- Music Ministry
- Office Volunteers
- Parish Blood Bank
- Prayer Ministry
- Pro-Life and Young Families
- Senior Activities
- Small Church Communities
- U Welcoming Committee
- Young Adult Ministry
- Youth Ministry & Confirmation

Sacred Heart Church of Ocean Beach

Do you have any talents, hobbies, or special interests that you'd like to share?

Please provide any other information that can help us better serve you or your family.

Would you prefer to: Receive envelopes Give online Automatic checking withdrawal

May a member of our welcome committee contact you?

If yes, what is the best way to reach you? Phone Email

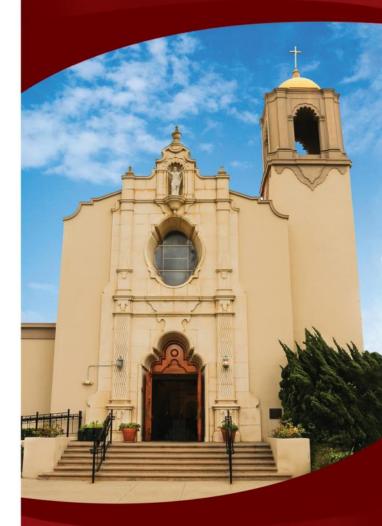
Would you like to be added to our parish email list to receive information about our church and upcoming events?



(We will not disclose your information to others on the list or to outside entities.) Cover photography by Simonne Borel.



to Sacred Heart Church of Ocean Beach



4776 Saratoga Ave. San Diego, CA 92107 (619) 224 2746 • SacredHeartOB.org Registration Form

Registration form

If you'd like to register more than three family members, please use an additional electronic or paper form.

Today's date: Head of household Title: Last Name: _____ First Name: Address: Apt. # City: _____ State: ____ Zip: _____ Phone: _____ Additional Phone: Email Address: _____ Gender: Date of Birth: Occupation:_____ Language(s) Spoken: _____ Religion: Marital Status:_____ Date of Marriage: Civil Catholic Church Sacraments Received:

Baptism 🔲 Eucharist	Confirmation
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Additional household member

Relationship:		
Title:		
Last Name:		
First Name:		
Address:		
Apt. #		
City: State: Zip:		
Phone:		
Additional Phone:		
Email Address:		
Gender: Date of Birth:		
Occupation:		
Language(s) Spoken:		
Religion:		
Marital Status:		
Date of Marriage:		
Civil Catholic Church		
Sacraments Received:		

Additional	household	member
Deletteretier		

Relationship:		
Title:		
Last Name:		
First Name:		
Address:		
Apt. #		
City: State: Zip:		
Phone:		
Additional Phone:		
Email Address:		
Gender: Date of Birth:		
Occupation:		
Language(s) Spoken:		
Religion:		
Marital Status:		
Date of Marriage:		
Civil Catholic Church		
Sacraments Received:		
Baptism Eucharist Confirmation		

Emergency contact Name: Phone:

Baptism Eucharist Confirmation

Relationship:_____