

Our Lady of Sorrows Church

14 Prospect Street, Essex, CT 06426

Phone: (860) 767-1284

Email: office@olos-sx.org

Religious Education Registration Form

Student Name: _____
First Middle Last

Calendar Year: _____

Date of Birth: _____ Location of Birth: _____

Grade Entering: _____

Father's Name: _____
First Last

Mother's Name: _____
First Last

Address: _____
Address City State Zip code

Email Address: _____

Phone: () _____ () _____
Home Cell

Parish: _____

Date of Baptism: _____

Baptism Location: _____

God Parents: 1. _____ 2. _____

Date of First communion: (if any) _____

For confirmation Students: (please list your saint's name and sponsors names)

Saint's Name: _____

Sponsors: 1. _____ 2. _____

(Yearly fee is \$ 30 per child and \$ 80 if more than 3 children)

Please make checks payable to ***Our Lady of Sorrows***.

Address: Our Lady of Sorrows
c/o Joyce Leach
14 Prospect Street
Essex, CT 06426