HOLY ROSARY PARISH REGISTRATION FORM

FAMILY NAME:							_ FIRST NA	ME		SP	OUSE			
TITLE: Mr. & Mrs.	Mr.	Mrs.	Ms.	Miss	Dr. & Mrs.	MARITA	AL STATUS:	Church Marriage	Marriage	Single	Divorced	Separated	Wido	wed
STREET ADDRESS_										P.O. BO	X			
CITY/STATE					ZI	P CODE_		PHONE (_)			UNLISTED:	Yes	No
FORMER PARISH_								CITY/	STATE_					
						MEMI	BER INFOR	MATION						

	Н	EAD	SP	OUSE	CI	HLD	CI	HILD	CI	HILD	CI	HILD
First Name												
Last Name if												
different and/or												
Maiden Name of												
Spouse												
Marital Status												
Email Address												
Religion												
Handicap												
Occupation												
Employer/												
Location												
Business Phone &												
Ext. #												
Grade												
School												
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Sex				total DI E I CE C								

MEMBER INFORMATION CONTINUED

Instructions

Please circle the corresponding letter for each sacrament. Enter date and place, if applicable, for each sacrament received.

(Y)-Received Sacrament (N)-Have Not Received Sacrament (H)-Received Sacrament At This Parish (U)-Unsure If Sacrament Was Received

	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD
	(NAME)	(NAME)	(NAME)	(NAME)	(NAME)	(NAME)
Birth Date						
Baptism Date Place	(Y) (N) (H) (U)					
First Communion Date	(Y) (N) (H) (U)					
Confirmation Date	(Y) (N) (H) (U)					
Marriage Date	(Y) (N) (H) (U)					
Ministries/Talents Would Like to Volunteer For						
Ministries/Talents Would Like to Volunteer For						