



St. Rose
CATHOLIC CHURCH

Parish Registration Form

Primary Member Name: _____
[First] [Middle] [Last]

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birthdate: _____

Marital Status: _____
[Single, Married, Separated, Divorced, Widow]

If divorced, is the marriage annulled? [] Yes [] No

Sacramental Record [Church, City, State, & Date *if known*]:

Baptism: _____

First Eucharist: _____

Confirmation: _____

Marriage: _____

Spouse Name: _____
[First] [Middle] [Last]

Maiden Name: _____ Birthdate: _____

Sacramental Record [Church, City, State, & Date *if known*]:

Baptism: _____

First Eucharist: _____

Confirmation: _____

Child Name: _____
[First] [Middle] [Last]

Birthdate: _____

Sacramental Record [Church, City, State, & Date *if known*]:

Baptism: _____

First Eucharist: _____

Confirmation: _____

Continue on Back

Child Name: _____
[First] [Middle] [Last]

Birthdate: _____

Sacramental Record [Church, City, State, & Date *if known*]:

Baptism: _____

First Eucharist: _____

Confirmation: _____

Child Name: _____
[First] [Middle] [Last]

Birthdate: _____

Sacramental Record [Church, City, State, & Date *if known*]:

Baptism: _____

First Eucharist: _____

Confirmation: _____

Child Name: _____
[First] [Middle] [Last]

Birthdate: _____

Sacramental Record [Church, City, State, & Date *if known*]:

Baptism: _____

First Eucharist: _____

Confirmation: _____

If necessary, attach further sheets —

Would you like to receive Collection Envelopes?

Yes, I would like to receive paper envelopes in the mail

No, I prefer Online Giving & will not need paper envelopes

Preferred Correspondence Salutation:

Mr. Mrs. Mr. & Mrs. Miss Ms. Dr. Other: _____

Notes:

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For Office Use Only: Date Received: _____ Envelope Number: _____