M E M B E R
I N
F O
R M
A T I
0

Date of Birth

Maiden Name

Street Address (If Different)

Immaculate Conception (Place circle a	St. Rita St. John the Evangelist Parish Regist ove the name of the parish in which you are registering.)			tration Envelope No.	
(Flease circle a	bove the name (n the parish in which y	ou are registering.)	Rec'd:	
Family Name	Head	of Household	Spouse	-	
Mailing Address		Town	Zip Code	E-Mail Address	

Home Phone

Listed

Office Use:

Cell Phone

Ma	arital Status: _ - -		Separated by a priest or in by a justice of po	a Catholic Ch		Widowed Married in a no Other	on-Catholic Church	-
		Head	Spouse	Child	Child	Child	Child	Othe
	First Name							
	Middle Name							
	Last Name							

Gender		
Religion		
Ethnicity		
Handicap		
Occupation		
Place of Employment		
Business Phone		
School Name		
Current Grade		

Sacramental Record

Please list the parish and the date the sacraments were received. If you have not received a sacrament, please write none.

Name	Head	Spouse	Child	Child	Child	Child	Other
Name Pantiam Data							
Baptism Date Church							
City							
st Communion Date							
Parish							
City							
Confirmation Date							
Parish							
City							
Marriage Date and							
Church or Location							
Parish Stewardship					•	•	•
Current Church Attend	ance and Part	icipation:	Seldom	Occasio	nal Freq	uent A	Always
Will you use envelopes?	Ves	No (Whon n	aadad this can	nrovida a raco	rd of church parti	icination and e	haritahla givin
will you use envelopes.	1cs	110 (11 nen 11	eeueu, inis cun	oroviue a recor	u oj church puru	cipation and c	nuruubte givin
Any Special Needs							
Dlagga watuum vany waais	tuation form t	a tha navigh of	Figo.	The Cath	nalia Dantnay Da	wishes of Car	nnallsvilla
Please return your regis by mail, in person, or th					nolic Partner Pa h Second Street		nnellsville