



Registration
 Welcome
 Contact

PARISH REGISTRATION/UPDATE FORM

Date: _____ New Member Change in registration information How long have you been attending St. Rose? _____

Family Last Name: _____ Home Phone: _____ Lan-
 guages: _____

Address: _____ City: _____ State: _____ Zip: _____

Self: Email: _____ Employer: _____ wphone: _____ Ethnicity: _____
 (optional)

Spouse: Email: _____ Employer: _____ wphone: _____ Ethnicity: _____
 (optional)

Wedding Anniversary Date: _____ Correspondence addressed to (including title/s): _____

Full Name **Nickname** **Gender** **Living at Home** **Birth Date** **Marital Status** **Religion** **Occupation/ School Grade** **Cell Phone**
 M/F Y/N (mm/dd/yy) (S,M,W,D)

Self									
Spouse									
Child									
Child									
Child									
Child									

Do you know how you might like to volunteer at St. Rose? _____ I received St. Rose's Welcome Packet: ___yes ___no

For weekly contributions, would you like envelopes or take part in online giving? _____

Would you like to receive the weekly bulletin via email? ___yes ___no If yes, which email would you prefer it be sent to? _____

Sacraments: If sacrament has been received, please give date and location. If not sure of date and location, simply check the box.

Name (please include maiden name)	Baptism	Penance	1st Eucharist	Confirmation	Marriage
	Date: Parish:	Date: Parish:	Date: Parish:	Date: Parish:	Date: Parish:
	Date: Parish:	Date: Parish:	Date: Parish:	Date: Parish:	Date: Parish:
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	Date: Parish:	Date: Parish:	Date: Parish:	Date: Parish:	Date: Parish:

Please note anything else that you think would be of help to our parish staff: