

ST. ROSE OF LIMA PARISH

REGISTRATION FORM

PLEASE PRINT IN BLOCK LETTERS

NEW REGISTRATION

UPDATE (requesting change of information)

REQUEST FOR ENVELOPE

*ENVELOPE NO. _____

DELETE ENVELOPE NO. _____

*(If already using an envelope)

APPLICANT(S): M F

LAST NAME: _____

FIRST NAME: _____

RELIGION: _____

BAPTISED

CONFIRMED

SPOUSE OF APPLICANT: M F

LAST NAME: _____

FIRST NAME: _____

RELIGION: _____

BAPTISED

CONFIRMED

CHILDREN LIVING WITH PARENTS:

LAST NAME: _____

FIRST NAME: _____

RELIGION: _____

BAPTISED

CONFIRMED

LAST NAME: _____

FIRST NAME: _____

RELIGION: _____

BAPTISED

CONFIRMED

CONTACT INFORMATION: (information is kept confidential for Parish use only)

Address: _____
Street No. /Apt. No. Street Name

_____ City Province Postal Code

Telephone No.: (Home) _____ (Cell) _____ (Work) _____

E-mail: _____

Date: _____

Signature: _____