

St. Rita Parish Registration

Welcome to our faith community.

Thank-you for providing as much of the information as you wish to share.

Please Print Clearly

•Former Parish: _____

Date: _____ Check one: New Registration Re-registration Information

PLEASE: NO MAIL NO ENVELOPES
 SEND EMAIL WHEN POSSIBLE
 DO NOT PUBLISH IN DIRECTORY

Household Information:

Address: _____ City: _____ Zip: _____

Home phone: _____ Primary Email: _____

Members/Couple Information—PLEASE CHECK:

Marital Status: Married Single Separated Divorced Widow: if yes, name of Deceased Spouse _____ Date _____

If Married: in the Catholic Church? YES NO Anniversary Date: _____ Wedding Church/City: _____

Head of Household or Husband: _____

Spouse: _____

Name: _____
First Middle/Maiden Last

Date of Birth: _____

Sacrament Information:—PLEASE CHECK/CIRCLE:

•Catholic? YES NO Baptized _____ thru the RCIA program _____
Other Religion: _____
•First Eucharist: YES NO •Confirmed: YES NO

Occupation: _____

Now Retired? YES NO (CIRCLE)

Cell Phone: _____

Email: _____

Language(s): _____

Ethnicity: _____

Special Needs: _____

Name: _____
First Middle/Maiden Last

Date of Birth: _____

Sacrament Information:—PLEASE CHECK/CIRCLE:

•Catholic? YES NO Baptized _____ thru the RCIA program _____
Other Religion: _____
•First Eucharist: YES NO •Confirmed: YES NO

Occupation: _____

Now Retired? YES NO (CIRCLE)

Cell Phone: _____

Email: _____

Language(s): _____

Ethnicity: _____

Special Needs: _____

Other Adults Residing In Household —18 yrs. or older

Name: _____
First Middle/Maiden Last

Date of Birth: _____

Sacrament Information:—PLEASE CHECK/CIRCLE:

•Catholic? YES NO Baptized _____ thru the RCIA program _____
Other Religion: _____
•First Eucharist: YES NO •Confirmed: YES NO

Marital Status: Married Single (never married)

Separated Divorced Widow

Occupation: _____

Now Retired? YES NO (CIRCLE)

Cell Phone: _____

Email: _____

Relationship to head of household: _____

Language(s): _____

Ethnicity: _____

Special Needs: _____

Name: _____
First Middle/Maiden Last

Date of Birth: _____

Sacrament Information:—PLEASE CHECK/CIRCLE:

•Catholic? YES NO Baptized _____ thru the RCIA program _____
Other Religion: _____
•First Eucharist: YES NO •Confirmed: YES NO

Marital Status: Married Single (never married)

Separated Divorced Widow

Occupation: _____

Now Retired? YES NO (CIRCLE)

Cell Phone: _____

Email: _____

Relationship to head of household: _____

Language(s): _____

Ethnicity: _____

Special Needs: _____

OTHER RELATIVES IN PARISH/RELATIONSHIP: _____

Please turn over for listing of minor children—*Thank you.*

Reg. v-20 2012

Please drop in the Offering Basket or drop off/ mail to St. Rita's Rectory 50 Alegria, Sierra Madre 91024

