I.D. NUMBER _____

SANTA ROSA CATHOLIC CHURCH REGISTRATION FORM

Registration Taken By _____
Computer Posted By _____
Envelope Posted By _____
Registration Date_____

FAMILY NAME: (Last name only)_____
ADDRESS: (Street)_____ APT # _____
CITY/STATE: _____ Zip Code____
HOME PHONE: (Please indicate if unlisted)_____

HEADS OF HOUSEHOLD:

1. Male Name_____
(1st name, add last name if different from above)
Marital Status:
Single__ Married__ Div__ Sep___ ReMarr__ Widow__
Other _____
Married by: Priest/Deacon__ Minister__ Other__
Religion:_____
Occupation:_____
Work Phone:_____
Sacramental Status:
Baptized __ 1st Communion __ Confirmed __
Education Level Completed: (Check One)
8th__ H.S.__ College__ Graduate__
Birth Date:_____

2. Female Name_____
(1st name, add last name if different from above)
Marital Status: Maiden Name_____
Single__ Married__ Div__ Sep___ ReMarr__ Widow__
Other _____
Married by: Priest/Deacon__ Minister__ Other__
Religion:_____
Occupation:_____
Work Phone:_____
Sacramental Status:
Baptized __ 1st Communion __ Confirmed __
Education Level Completed: (Check One)
8th__ H.S.__ College__ Graduate__
Birth Date:_____

Indicate clearly how you want mailings and envelopes to be addressed, if different from above names:_____
Currently using contribution envelopes? Yes__ No__ Would you like to receive contribution envelopes? Yes__ No__
CCD Parent? Yes__ No__ Is there an invalid living with you? If so, list name(s):_____
Would they like to receive communion at home? Yes__ No__

All Other Family Member's Names Living In Household	M/F	Date Of Birth	<----------Check X if item applies---------->				
			Baptized	First Penance	First Communic	Confirmati	CCD Program