Holy Rosary Parish

Membership form

Office use only:

Env #_____
CP_____
DIO#_____

Family Information: **Today's Date:** ____/____/_____

(Last)_____(First)_____(Spouse) _____ (Title) _____

Marital Status: *Single* *Catholic Marriage* *Church* *Civil Marriage** *Divorced* *Separated* *Widowed*

**If Civil Marriage, has been recognized/convalidated by the Catholic Church* *[Yes No]*

Street Address: _____Apt#_____ City/State:_____ Zip code:_____

Email address: _____ Phone # _____ [Unlisted? Yes No]

Attending Holy Rosary since? _____ Mass Attendance: *Frequent* *Weekly* *Daily* *Occasional* *Seldom*

Member Information:

First Name & Last Name *(Maiden)*	Occupation	Sex F/ M	Date of Birth	Religion	Baptism Date	Baptism Church *city/state*	1st Communion Date	Confirmation Date	1st Penance? Y / N	Marriage Date
Head:										
Spouse:										
Children *Under 18 years old*										

* To list more children please complete another form with additional names and information.