

St. Rita Catholic Church - New Parishioner Registration

Last Name of Family

Phone

Date

Address

City

State / Zip

Parish membership relies on the good will of the people and their willingness to support all programs. St. Rita's can plan programs only with your support. We ask you to prayerfully consider and state what your pledge to the parish will be. We encourage you to consider a half tithe or 5% of your take-home pay. This amounts to \$1.00 weekly for each \$1,000.00 annual take home income.

I know I have the right and the responsibility to raise or lower this commitment in the manner in which God blesses me, and that this pledge is a moral obligation and not legally binding. As a member of St. Rita's I pledge \$ _____ per week / month / year (circle one) to my parish.

Please send (*circle one*): monthly envelopes weekly envelopes

Adult:

Last Name _____ First Name _____ Middle _____

(If applicable) Maiden Name _____ Wedding Date _____

Birthdate _____ Sex: F M Religion _____

Have you received: Baptism Yes No Communion Yes No Confirmation Yes No

Check which applies: Married: _____ Single: _____ Widowed: _____ Divorced: _____

Ethnicity (optional) _____

Place of employment: _____ Occupation: _____

E-mail address: _____

Adult:

Last Name _____ First Name _____ Middle _____

(If applicable) Maiden Name _____ Wedding Date _____

Birthdate _____ Sex: F M Religion _____

Have you received: Baptism Yes No Communion Yes No Confirmation Yes No

Check which applies: Married: _____ Single: _____ Widowed: _____ Divorced: _____

Place of employment: _____ Occupation: _____

E-mail address: _____

(over)

Children:

Last Name _____ First Name _____ Middle _____
Birthdate _____ Sex: F M Religion _____
Have you received: Baptism Yes No Communion Yes No Confirmation Yes No
School: _____ Grade: _____

Last Name _____ First Name _____ Middle _____
Birthdate _____ Sex: F M Religion _____
Have you received: Baptism Yes No Communion Yes No Confirmation Yes No
School: _____ Grade: _____

Last Name _____ First Name _____ Middle _____
Birthdate _____ Sex: F M Religion _____
Have you received: Baptism Yes No Communion Yes No Confirmation Yes No
School: _____ Grade: _____

Special needs or information we should be aware of for any member of the family:

Previous Parish: _____

Please notify them that you are now members at St. Rita.

Please return this registration form to complete your Parish Membership. Thank you.