



# Ribourde Catholic Community Parish Registration Form

Office: 200 Broadway St, Marseilles, IL 61341

**LAST NAME ONLY - PLEASE PRINT**

Which Church will you be attending:

\_\_\_\_ St Patrick Seneca;      \_\_\_\_ St Joseph Marseilles;  
\_\_\_\_ St. Mary Grand Ridge;      \_\_\_\_ St Patrick Ransom

Envelopes [ ] or Online Giving (available at: [ribourdecatholic.com](http://ribourdecatholic.com)) [ ]

**Family Last Name** \_\_\_\_\_

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City and Zip \_\_\_\_\_

Perm. Resident [ ] 2nd Residence [ ] Months at 2nd \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If Different From Above)

Wife Maiden Name \_\_\_\_\_

**Phones:** Home \_\_\_\_\_ Other \_\_\_\_\_

Husband Cell \_\_\_\_\_ Work \_\_\_\_\_

Wife Cell \_\_\_\_\_ Work \_\_\_\_\_

**E-Mails:** Family \_\_\_\_\_

Husband \_\_\_\_\_

Wife \_\_\_\_\_

First Name	Middle Initial	Single Married Widowed Separated Divorced	Sex M F	Date of Birth M/D/Yr.	Catholic Non-Cath	Baptized Yes No	1st Comm Yes No	Confirmed Yes No	Mass Attendance Weekly Monthly Seldom	Language Spoken At Home
						Y/N	Y/N	Y/N	W/M/S	
						Y/N	Y/N	Y/N	W/M/S	
Dependent Children Living At Home										
First Name	Last Name					Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		

**Occupations:** (if retired, note former occupation):

Husband: \_\_\_\_\_ Retired [ ] Employer: \_\_\_\_\_

Wife: \_\_\_\_\_ Retired [ ] Employer: \_\_\_\_\_

Do you have handicap needs with which we can assist you? \_\_\_\_\_

Form can be returned to the office or placed in collection basket