St. Rita Parish 4339 Douglas Avenue Racine, WI 53402



ID NUMBER _	
DATE	

St. Rita Parish Registration Form

	Last Name		Fi	rst Name	Middle N	ame	Maiden Name	Relationship, if applicable (father, mother, son, daughter, etc.)		
Person #1				***************************************				(laulei, illo	ner, son, daughter, etc.)	
Person #2										
Person #3										
Person #4							<u> </u>			
Person #5		***************************************								
							1	l		
Home Address		Zip Code		Mailing Address (if d		if different than ho	me)	Zip Code		
								The state of the s		
Home Phone Primary		Cell Sec		condary Cell E		Email Address for communi		ation with St. Rita		
In this household who should communications be addressed to?										
	***************************************			Control of the second s						
Preferred method of cor	tact:		Mail		***************************************		Email		· · · · · · · · · · · · · · · · · · ·	
Treation method of contact.			111411		Without the transfer of the tr		Linaii L			
Marital status:	Single	e 🗖	Marrie	ed 🗆	Widowed		Divorced [T	Separated	
			1				Bivoreca		Separated	
	Г	Date of Birth Sex			Schoo	School (and grade) or Occupation/Profession/Retired				
Person #1			М 🗆	FΠ						
Person #2			М 🗆							
Person #3			МП					***************************************	**************************************	
Person #4			МП	_			Nervent	***************************************	of the control of the	
Person #5			М 🗆					***************************************		

How do you describe yo	urseli	f? Hispanic, La	tino or S	panish 🗖	American Indian	☐ As	sian African	American	[m]	
White Pacific Islander										
				- T						
2		Baptized			rst Communion		Confirmation			
Person #1	Yes	□ No □		Yes	No 🗖	Y		1		
Person #2	Yes	□ No □		Yes	No 🗖	Y]		
Person #3	Yes	□ No □		Yes	No 🗖	Y				
Person #4	Yes	□ No □	1	Yes	No 🗖	Y		J		
Person #5	Yes	□ No □		Yes	No 🗖	Y	es 🔲 No 🏻		****	
Preferred Mass Attenda	nce:	***************************************						7.5		
Saturday 4:45pm	S	unday 8:00am	 (Sunday 10:3	Nam -		and the second section of the second section of	- Walleton Control		
Saturday 4:45pm Sunday 8:00am Sunday 10:30am										
Does anyone in your household have any special needs that we										
should be aware of? (Disability, Shut-in, Nursing Home, etc.?)										
								***	How to the second of the secon	
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Please return this Form to the Parish Office (address listed above) – In Person or by Mail