

St. Rita Parish
4339 Douglas Avenue
Racine, WI 53402



**St. Rita Parish
Registration Form**

ID NUMBER _____

DATE _____

	Last Name	First Name	Middle Name	Maiden Name	Relationship, if applicable (father, mother, son, daughter, etc.)
Person #1					
Person #2					
Person #3					
Person #4					
Person #5					

Home Address	Zip Code	Mailing Address (if different than home)	Zip Code

Home Phone	Primary Cell	Secondary Cell	Email Address for communication with St. Rita

In this household who should communications be addressed to? _____

Preferred method of contact: Mail ☐ Email ☐

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐

	Date of Birth	Sex	School (and grade) or Occupation/Profession/Retired
Person #1		M <input type="checkbox"/> F <input type="checkbox"/>	
Person #2		M <input type="checkbox"/> F <input type="checkbox"/>	
Person #3		M <input type="checkbox"/> F <input type="checkbox"/>	
Person #4		M <input type="checkbox"/> F <input type="checkbox"/>	
Person #5		M <input type="checkbox"/> F <input type="checkbox"/>	

How do you describe yourself? Hispanic, Latino or Spanish ☐ American Indian ☐ Asian ☐ African American ☐
White ☐ Pacific Islander ☐

	Baptized	First Communion	Confirmation
Person #1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Person #2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Person #3	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Person #4	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Person #5	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Preferred Mass Attendance: _____

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.?) _____

Please return this Form to the Parish Office (address listed above) – In Person or by Mail

07/01/22