Registration Form

Welcome to St. Rose of Lima Parish. Please fill out this form completely and return it to the parish office.

Date:		Phone: ()				
Last Name:	Unpublished? Y()				N()	
Street:	useria de la composição d					
City:						
Previous Parish:		(55-0-V-17-1-1-V-10-V-10-V-10-V-10-V-10-V-1		E-ma	il:	
	Adult Male (if applicable)	Adult Female (if applicable)	Child 1	Child 2	Child 3	Child 4
First Name						
Middle Name						
Maiden/other last name						
Nick Name						
Gender						
Religion						
Marital Status						
Date of Birth						
Grade in School						
Place & Date of Baptism	la la					
Place & Date of 1st Com						
Place & Date of Confirmation						
Place & Date of Marriage						
Employer						
Occupation						
Work Phone						
Please list married children	or children who no	longer live at ho	me:			
Please list the Church activity	ties or ministries w	which you would I	ike more info	rmation on:		
s it okay to publish your na	me in the bulletin?	,				
Comments & Suggestions:						