



St. Rose of Lima

CATHOLIC CHURCH

To know, love and serve

For Office Use

Family ID #: _____

Off. Envelope: Y/N

Family ID #: _____

WeShare Online Off.: Y/N

Date Registered: _____

FAMILY REGISTRATION FORM

Last Name: _____ First: _____ Title: _____ Suffix: _____

Spouse

Last Name: _____ First: _____ Title: _____ Suffix: _____

Home Address

Street Address Line 1: _____ City/State: _____

Street Address Line 2: _____ Zip: _____

Mailing Address (if different)

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Unlisted? Y/N

Cell Phone: _____ Unlisted? Y/N

Office/Other Phone: _____ Unlisted? Y/N

Email: _____ Authorize Email Contact: Y/N

Current Parish: _____

Individual Member Registration and Personal Information (complete for each member of family)

Member Last Name: _____ First: _____ Middle: _____

Nickname: _____ Title: _____ Suffix: _____ Maiden Name: _____

Phone: _____ Unlisted? Y/N Email: _____ Authorize Email Contact: Y/N

Grade/Degree: _____ Current School: _____ Gender: _____

Marital Status: _____ Language: _____ Ethnicity: _____

Birthdate: _____ Religion: _____

Occupation: _____ Disability: _____

Birthplace: _____

Father: _____ Mother's Maiden Name: _____

Baptism Date: _____ Performed by: _____ Church Name: _____

1st Recon. Date: _____ Performed by: _____ Church Name: _____

1st Comm. Date: _____ Performed by: _____ Church Name: _____

Marriage Date: _____ Performed by: _____ Church Name: _____

Talents: I would like to volunteer the following skills: _____

Ministries: I would like to volunteer for the following ministries: _____



St. Rose of Lima

CATHOLIC CHURCH

To know, love and serve

Individual Member Registration and Personal Information (complete for each member of family)

Member Last Name: _____ First: _____ Middle: _____

Nickname: _____ Title: _____ Suffix: _____ Maiden Name: _____

Phone: _____ Unlisted? Y/N Email: _____ Authorize Email Contact: Y/N

Grade/Degree: _____ Current School: _____ Gender: _____

Marital Status: _____ Language: _____ Ethnicity: _____

Birthdate: _____ Religion: _____

Occupation: _____ Disability: _____

Birthplace: _____

Father: _____ Mother's Maiden Name: _____

Baptism Date: _____ Performed by: _____ Church Name: _____

1st Recon. Date: _____ Performed by: _____ Church Name: _____

1st Comm. Date: _____ Performed by: _____ Church Name: _____

Marriage Date: _____ Performed by: _____ Church Name: _____

Talents: I would like to volunteer the following skills: _____

Ministries: I would like to volunteer for the following ministries: _____

Individual Member Registration and Personal Information (complete for each member of family)

Member Last Name: _____ First: _____ Middle: _____

Nickname: _____ Title: _____ Suffix: _____ Maiden Name: _____

Phone: _____ Unlisted? Y/N Email: _____ Authorize Email Contact: Y/N

Grade/Degree: _____ Current School: _____ Gender: _____

Marital Status: _____ Language: _____ Ethnicity: _____

Birthdate: _____ Religion: _____

Occupation: _____ Disability: _____

Birthplace: _____

Father: _____ Mother's Maiden Name: _____

Baptism Date: _____ Performed by: _____ Church Name: _____

1st Recon. Date: _____ Performed by: _____ Church Name: _____

1st Comm. Date: _____ Performed by: _____ Church Name: _____

Marriage Date: _____ Performed by: _____ Church Name: _____

Talents: I would like to volunteer the following skills: _____

Ministries: I would like to volunteer for the following ministries: _____



St. Rose of Lima

CATHOLIC CHURCH

To know, love and serve

Individual Member Registration and Personal Information (complete for each member of family)

Member Last Name: _____ First: _____ Middle: _____

Nickname: _____ Title: _____ Suffix: _____ Maiden Name: _____

Phone: _____ Unlisted? Y/N Email: _____ Authorize Email Contact: Y/N

Grade/Degree: _____ Current School: _____ Gender: _____

Marital Status: _____ Language: _____ Ethnicity: _____

Birthdate: _____ Religion: _____

Occupation: _____ Disability: _____

Birthplace: _____

Father: _____ Mother's Maiden Name: _____

Baptism Date: _____ Performed by: _____ Church Name: _____

1st Recon. Date: _____ Performed by: _____ Church Name: _____

1st Comm. Date: _____ Performed by: _____ Church Name: _____

Marriage Date: _____ Performed by: _____ Church Name: _____

Talents: I would like to volunteer the following skills: _____

Ministries: I would like to volunteer for the following ministries: _____

Individual Member Registration and Personal Information (complete for each member of family)

Member Last Name: _____ First: _____ Middle: _____

Nickname: _____ Title: _____ Suffix: _____ Maiden Name: _____

Phone: _____ Unlisted? Y/N Email: _____ Authorize Email Contact: Y/N

Grade/Degree: _____ Current School: _____ Gender: _____

Marital Status: _____ Language: _____ Ethnicity: _____

Birthdate: _____ Religion: _____

Occupation: _____ Disability: _____

Birthplace: _____

Father: _____ Mother's Maiden Name: _____

Baptism Date: _____ Performed by: _____ Church Name: _____

1st Recon. Date: _____ Performed by: _____ Church Name: _____

1st Comm. Date: _____ Performed by: _____ Church Name: _____

Marriage Date: _____ Performed by: _____ Church Name: _____

Talents: I would like to volunteer the following skills: _____

Ministries: I would like to volunteer for the following ministries: _____