

St. Faustina Parish

342 Normal Avenue
Slippery Rock, PA 16057
Phone: 724-794-2880 Fax: 724-794-1255
www.stfaustinaparish.org

Welcome to St. Faustina Parish! Please fill in the information for your family and each member of your family in your household. You may return this registration by email, (parishoffice@rockcatholic.org) mail, fax, or by the collection basket. You should receive a sample package of offertory envelopes within three weeks and regular mailings of envelopes in 4-6 weeks. If you do not receive them, please let us know.

Thank you for registering and let us know if there is anything that we can do for you or your family.

Date of Registration _____

Family Name: _____

Number of Members in Family: _____

Primary Contact Information:

Address: _____

City _____ State _____ Zip _____

Home phone: _____

E-mail addresses: _____

Do you wish to receive envelopes or do you want to do electronic contributions? Envelopes Electronic Contributions

If you choose to do electronic contributions do you still want to receive envelopes? Yes No

Please see the parish website for directions on how to set up electronic contributions.

Member One: Male Female

Relationship (e.g. head of household, spouse, son, daughter, etc.) _____

Full Name _____ Cell Phone: _____

Birthdate ___ / ___ / ___ Marital Status: _____ Date of Marriage: _____

Valid Catholic Marriage Y/N Place of Marriage: _____

Maiden Name: _____

Sacrament Information:

Baptism: Y/N Year: _____ Church: _____

City/ State: _____

Eucharist: Y/N Year: _____ Church: _____

City/ State: _____

Confirmation: Y/N Year: _____ Church: _____

City/ State: _____

Occupation: _____ Employer: _____ Phone: _____

School Child Attends: _____ Grade: _____

Member Two: ___ Male ___ Female

Relationship (e.g. head of household, spouse, son, daughter, etc.) _____

Full Name _____ Cell Phone: _____

Birthdate ___/___/___ Marital Status: _____ Date of Marriage: _____

Valid Catholic Marriage Y/N Place of Marriage: _____

Maiden Name: _____

Sacrament Information:

Baptism: Y/N Year: _____ Church: _____

City/ State: _____

Eucharist: Y/N Year: _____ Church: _____

City/ State: _____

Confirmation: Y/N Year: _____ Church: _____

City/ State: _____

Occupation: _____ Employer: _____ Phone: _____

School Child Attends _____ Grade _____

Member Three ___ Male ___ Female

Relationship (e.g. head of household, spouse, son, daughter, etc.) _____

Full Name _____ Cell Phone: _____

Birthdate ___/___/___ Marital Status: _____ Date of Marriage: _____

Valid Catholic Marriage Y/N Place of Marriage: _____

Maiden Name: _____

Sacrament Information:

Baptism: Y/N Year: _____ Church: _____

City/ State: _____

Eucharist: Y/N Year: _____ Church: _____

City/State: _____

Confirmation: Y/N Year: _____ Church: _____

City/ State: _____

Occupation: _____ Employer: _____ Phone: _____

School Child Attends _____ Grade _____

Member Four: ___ Male ___ Female

Relationship (e.g. head of household, spouse, son, daughter, etc.) _____

Full Name _____ Cell Phone: _____

Birthdate ___/___/___ Marital Status: _____ Date of Marriage: _____

Valid Catholic Marriage Y/N Place of Marriage: _____

Maiden Name: _____

Sacrament Information:

Baptism: Y/N Year: _____ Church: _____

City/ State: _____

Eucharist: Y/N Year: _____ Church: _____

City/ State: _____

Confirmation: Y/N Year: _____ Church: _____

City/ State: _____

Occupation: _____ Employer: _____ Phone: _____

School Child Attends _____ Grade _____

Member Five: ___ Male ___ Female

Relationship (e.g. head of household, spouse, son, daughter, etc.) _____

Full Name _____ Cell Phone: _____

Birthdate ___/___/___ Marital Status: _____ Date of Marriage: _____

Valid Catholic Marriage Y/N Place of Marriage: _____

Maiden Name: _____

Sacrament Information:

Baptism: Y/N Year: _____ Church: _____

City/ State: _____

Eucharist: Y/N Year: _____ Church: _____

City/ State: _____

Confirmation: Y/N Year: _____ Church: _____

City/ State: _____

Occupation: _____ Employer: _____ Phone: _____

School Child Attends _____ Grade _____

Member Six: ___ Male ___ Female

Relationship (e.g. head of household, spouse, son, daughter, etc.) _____

Full Name _____ Cell Phone: _____

Birthdate ___/___/___ Marital Status: _____ Date of Marriage: _____

Valid Catholic Marriage Y/N Place of Marriage: _____

Maiden Name: _____

Sacrament Information:

Baptism: Y/N Year: _____ Church: _____

City/ State: _____

Eucharist: Y/N Year: _____ Church: _____

City/ State: _____

Confirmation: Y/N Year: _____ Church: _____

City/ State: _____

Occupation: _____ Employer: _____ Phone: _____

School Child Attends _____ Grade _____

Member Seven: ___ Male ___ Female

Relationship (e.g. head of household, spouse, son, daughter, etc.) _____

Full Name _____ Cell Phone: _____

Birthdate ___/___/___ Marital Status: _____ Date of Marriage: _____

Valid Catholic Marriage Y/N Place of Marriage: _____

Maiden Name: _____

Sacrament Information:

Baptism: Y/N Year: _____ Church: _____

City/ State: _____

Eucharist: Y/N Year: _____ Church: _____

City/ State: _____

Confirmation: Y/N Year: _____ Church: _____

City/ State: _____

Occupation: _____ Employer: _____ Phone: _____

School Child Attends _____ Grade _____

For Office Use Only:

Notified OSV _____

Envelope Number _____

Contacted Welcome Committee _____