

Holy Rosary Church — Parishioner Registration Form

Please print answers legibly in the spaces provided

Family Last Name _____ Telephone (____) _____

Street Address _____

Mailing Address (if different) _____

City, State, ZIP _____

For Office Use Only

Date _____

CE _____ CR _____

DB _____ MW _____

In the spaces below, please provide information about yourself as head of household, or about yourself and your spouse. Any dependent children in the household/family should be listed on the back page of this form. *Other adults in the household/family, including your adult children, should complete a separate Parishioner Registration Form of their own.*

Head of Household

Name _____ Sex: Male Female

Date of Birth _____ Occupation _____

Employer _____ Work Telephone Number (____) _____

Cell Phone Number (____) _____ E-mail address _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation Matrimony Holy Orders

Does your household currently receive *The Criterion* (the archdiocesan newspaper)? Yes No

Spouse

Name _____ Sex: Male Female

Date of Birth _____ Occupation _____

Employer _____ Work Telephone Number (____) _____

Cell Phone Number (____) _____ E-mail address _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation Matrimony Holy Orders

Wedding date: _____ Witnessed by: Catholic priest or deacon Other (specify) _____

Which of you were Catholic at the time of your wedding? Both Husband only Wife only Neither

If at least one of you was Catholic at the time of your wedding *and* you were married in a non-Catholic ceremony, did you receive dispensation from the bishop *or* was your marriage later convalidated in the Catholic Church? Yes No

After completing this form, place it in the Sunday collection basket, or mail it to the parish office at 520 Stevens St., Indianapolis, IN 46203. If you have questions, please call us at (317) 636-4478.

Dependent Children

(If additional sheets are needed, please copy this page and staple the pages together)

Name _____ Sex: Male Female

Date of Birth _____ Is he/she currently in school? Yes No

If yes, where? _____ Which grade? _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation

Name _____ Sex: Male Female

Date of Birth _____ Is he/she currently in school? Yes No

If yes, where? _____ Which grade? _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation

Name _____ Sex: Male Female

Date of Birth _____ Is he/she currently in school? Yes No

If yes, where? _____ Which grade? _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation

Name _____ Sex: Male Female

Date of Birth _____ Is he/she currently in school? Yes No

If yes, where? _____ Which grade? _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation

Name _____ Sex: Male Female

Date of Birth _____ Is he/she currently in school? Yes No

If yes, where? _____ Which grade? _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation