## St. Rita Parish 10516 Hayes Rd., Clarklake, Michigan 49234 Registration Form

Address	Date: Family Name	e:
Months or time period away:	Address:	City:State
Months or time period away:	Zipcode: Phone Numb	per:
Months or time period away:  Do you want Faith Magazine? O Yes O No  Assigned Env #	Email: Winter addre	ess:
Do you want envelopes? O Yes O No	(if different than abo	· <del></del>
Note	Do you want envelopes? O Yes O No	Assigned Env #
Marital Status: O Single O Married O Widow O Widower O Divorced Maiden Name	• • •	y publish the checked items:
Self or Head of Household First Name:  Goes by or Nickname: Last Name:  (If different than family name or maiden name if married or kept married name) DOB: O Male O Female Sacramental Info: Baptized: O Catholic Date: Location: First Communion: O Date: Location:  Reconciliation: O Date: Location:  If married, date of O Civil O Canon O Convalidation Location:  Employer: Work Phone:  Self or Head of Household M.I.  Spouse First Name: M.I.  Goes by or Nickname: Last Name: (If different than family name or maiden name if married or kept married name) DOB: O Male O Fem. Sacramental Info: Baptized: O Catholic O Other Date: Location: Date: Location:  First Communion: O Date: Location:  Confirmation: O Date: Location:  If married, date of O Civil O Canon O Convalidation Location: Employer: Work Phone:  In case of emergency, notify: Name: Relationship to you: Address: Phone #:	Household Information	
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(Street) (City)	Address:	Phone #:
	(Street) (City)	

## **Family Member Information** (Enter children in the home and any adult other than head of household or spouse) First Name: \_\_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_ (if different than family name) O Male O Female DOB: Name of School: Check if sacrament received. Add date, if known, and location (church) sacrament took place at: Sacramental Info: Baptized: O Catholic O Other \_\_\_\_\_ Reconciliation: O Date: \_\_\_\_\_ Location: \_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_ First Communion: O Confirmation: O Date: \_\_\_\_\_ Location: \_\_ Date: Location: First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_ (if different than family name) O Male O Female DOB: Name of School: \_\_\_\_\_ Check if sacrament received. Add date, if known, and location (church) sacrament took place at: Sacramental Info: Baptized: O Catholic O Other \_\_\_\_\_ Reconciliation: O Date: \_\_\_\_\_ Location: \_\_\_\_\_ Date: Location: First Communion: O Confirmation: O Date: \_\_\_\_\_ Location: \_\_\_\_ Date: Location: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_ M.I. \_\_\_\_ (if different than family name) O Male O Female DOB: Name of School: \_\_\_\_ Check if sacrament received. Add date, if known, and location (church) sacrament took place at: Sacramental Info: Baptized: O Catholic O Other Reconciliation: O Date: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_ First Communion: O Confirmation: O Date: Location: Date: \_\_\_\_\_ Location: \_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_ (if different than family name) O Male O Female Name of School: \_\_\_\_\_ Check if sacrament received. Add date, if known, and location (church) sacrament took place at: Sacramental Info: Baptized: O Catholic O Other Reconciliation: O Date: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_ Confirmation: O First Communion: O Date: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_

Add additional pages if needed