ST. ROSE of LIMA CATHOLIC COMMUNITY

Office Use Only	Envelope #:
Posted:	By:
Area:	Cancelled:

Family (Last) Name:		Today's Date:				New Registration:
Address:		Apt. #	City:	State:	Zip:	Returning Parishioner:
Phone Numbers: Home:	Cell:		Cell:			Information Update:
Email Address:		Email Address:				Original Year of Registration:

	Middle Initial	**Sex**	Date of Birth	**Language** 1. English 2. Spanish Only 3. Eng. & Sp. 4.Other (Specify)	**Occupation**	**Cell Phone**	**Religion**	**Baptized (Yes-No)**	**First Penance (Yes-No)**	**First Eucharist (Yes-No)**	**Confirmed (Yes-No)**	**Marriage** (date) 1. Catholic Church 2.Other Church 3.Civil Marrige/J. P. 4. Separated 5.Divorced 6. Widowed
Head Of Household												
Full Name:												
Spouse:												
Children living at home: (Include college students)												
Other Adults:												