



HOLY ROSARY CHURCH
THE DOMINICAN FRIARS

Parishioner Registration Form

To become a registered member of our parish family, please complete this form, and return it to an usher or our parish office located at the address below.

Please print legibly, and check all answers that apply.

Family Last Name: _____

Head of Household First & Middle Name: _____

Title: _____ Date of Birth: _____ Sex: _____ Religion: _____

Sacraments Received: Baptism ___ Eucharist ___ Confirmation ___

Church of Baptism: _____
Name City, State

Marital Status:

Single: ___ Catholic Church Marriage: ___ Other Church Marriage: ___ Civil Marriage: ___ Separated: ___ Divorced: ___ Widowed: ___

Attends the Holy Sacrifice of the Mass at Holy Rosary Catholic Church:

Every Sunday ___ Rarely/Occasionally* ___ Homebound ___

Phone: _____ Family Email: _____

Residential Address: _____

[If married] Spouse First and Middle Name: _____

Title: _____ Date of Birth: _____ Religion: _____

Sacraments Received: Baptism ___ Eucharist ___ Confirmation ___

Church of Baptism: _____
Name City, State

Attends the Holy Sacrifice of the Mass at Holy Rosary Catholic Church:

Every Sunday ___ Rarely/Occasionally* ___ Homebound ___ Never ___

* If so, please list why in notes section.

Please complete other side of page.

****Child First & Middle Name:** _____

Sex: ____ Date of Birth: _____ Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____

Church of Baptism: _____

Name

City, State

****Child First & Middle Name:** _____

Sex: ____ Date of Birth: _____ Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____

Church of Baptism: _____

Name

City, State

****Child First & Middle Name:** _____

Sex: ____ Date of Birth: _____ Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____

Church of Baptism: _____

Name

City, State

****Child First & Middle Name:** _____

Sex: ____ Date of Birth: _____ Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____

Church of Baptism: _____

Name

City, State

****Child First & Middle Name:** _____

Sex: ____ Date of Birth: _____ Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____

Church of Baptism: _____

Name

City, State

Notes, Questions or Comments:

Welcome! Chao Don Qui Vi!

**** Adult children living in your household are expected to register separately except in special circumstances (e.g. when incapable for health reasons, or while a student living at home).**