

Saint Roch Catholic Church
Official Registration Form



Date of Registration: _____

Household Last Name: _____

Parish Envelope #: _____

PLEASE PRINT ALL INFORMATION

Street Address: _____ City: _____ ZIP: _____

Head of Household

Spouse

First Name: _____ Middle Initial: _____ First Name: _____ Middle Initial: _____

Phone # _____ Email: _____ Phone # _____ Email: _____

Mo/Day/Year of Birth _____ Religion (C for Catholic): _____ Mo/Day/Year of Birth _____ Religion (C for Catholic): _____

Sacraments Received: ___ Baptism ___ First Communion ___ Confirmation Sacraments Received: ___ Baptism ___ First Communion ___ Confirmation

Marital Status (Single/Married/Widowed/Divorced): _____ Marriage date: _____ Married by a Catholic Priest

Married at: _____ City/State: _____ or Deacon? ___ Yes ___ No

Please list all children under the age of **18** living at home:

Name	M / F	Date of Birth (M/D/Y)	Sacraments Received	Church Of Baptism (City, State)
			___ Baptism ___ First Communion ___ Confirmation	
			___ Baptism ___ First Communion ___ Confirmation	
			___ Baptism ___ First Communion ___ Confirmation	
			___ Baptism ___ First Communion ___ Confirmation	

We offer an Automatic Contribution Program which allows your weekly, monthly, or quarterly contributions to be transferred electronically from your checking account, savings account, or credit/debit card to the account of Our Lady of the Woods. Would you like more information on this program? ___ Yes ___ No

Do you want to be registered for FlockNote? ___ Yes ___ No