

NORTHWEST PARISHES OF RACINE

OFFICE USE : ENV. #: _____ WEL. COMM: _____ COMP: _____ FUND: _____

Today's Date: _____ Registering for

☐ St. Louis

☐ St. Mary
By the Lake

☐ St. Paul the
Apostle

☐ St. Rita

Former Parish, City, State: _____ Would you like former parish notified? YES NO

Family/ Last Name: _____ E-Mail Address: _____ His / Hers

Address: _____ E-Mail Address: _____ His / Hers

City: _____ State: _____ Zip Code: _____ Home Phone: _____

MARITAL STATUS: Catholic Church Marriage Non-Catholic Church Marriage Civil Marriage Single Widowed Separated Divorced

Date of Marriage: _____ Church/Location: _____ City & State: _____

HUSBAND OR SINGLE MALE

If non-Catholic, do you wish to be registered and included in mailings? YES NO

Title: Mr. Dr. Other: _____

Ethnicity: _____

First Name: _____

Sacrament of Baptism: YES NO INTERESTED

Middle Name: _____

Date of Baptism: _____

Date of Birth: _____

Church of Baptism: _____

City & State of Birth: _____

City & State: _____

Current Religion: _____

First Communion: YES NO INTERESTED

Occupation: _____

Church/ City, State: _____

Place of Employment: _____

Confirmation: YES NO INTERESTED

Cell Phone: _____

Church/ City, State: _____

Area of Volunteer Interest: _____

WIFE OR SINGLE FEMALE

If non-Catholic, do you wish to be registered and included in mailings? YES NO

Title: Mrs. Ms. Miss Dr. Other: _____

Ethnicity: _____

First Name: _____

Sacrament of Baptism: YES NO INTERESTED

Middle Name: _____

Date of Baptism: _____

Maiden Name: (_____)

Church of Baptism: _____

Date of Birth: _____

City & State: _____

City & State of Birth: _____

First Communion: YES NO INTERESTED

Current Religion: _____

Church/ City, State: _____

Occupation: _____

Confirmation: YES NO INTERESTED

Place of Employment: _____

Church/ City, State: _____

Cell Phone: _____

Area of Volunteer Interest: _____

How would you like to receive parish correspondence? MAIL or EMAIL (Send to: His / Hers / Both)

CHILDREN'S INFORMATION

NOTE: Adult-aged children who are registering for parish membership should complete their own registration form.

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NAME OF CHILD: First, Middle, Last	Sex of Child/ Ethnicity	Date & Place of Birth	Current Religion, School & Grade	Sacrament of Baptism	Sacrament of 1st Reconciliation	Sacrament of First Communion	Sacrament of Confirmation
First:	Male	Date of Birth:	Catholic	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED
Middle:	Female	~~~~~	Other:	Church:	Church:	Church:	Church:
Last:	Ethnicity:	City/State of Birth:	School:	City, State:	City, State:	City, State:	City, State:
			Grade:				

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First:	Male	Date of Birth:	Catholic	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED	YES NO IN- TERESTED
Middle:	Female	~~~~~	Other:	Church:	Church:	Church:	Church:
Last:	Ethnicity:	City/State of Birth:	School:	City, State:	City, State:	City, State:	City, State:
			Grade:				

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First:	Male	Date of Birth:	Catholic	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED
Middle:	Female	~~~~~	Other:	Church:	Church:	Church:	Church:
Last:	Ethnicity:	City/State of Birth:	School:	City, State:	City, State:	City, State:	City, State:
			Grade:				

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First:	Male	Date of Birth:	Catholic	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED
Middle:	Female	~~~~~	Other:	Church:	Church:	Church:	Church:
Last:	Ethnicity:	City/State of Birth:	School:	City, State:	City, State:	City, State:	City, State:
			Grade:				

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First:	Male	Date of Birth:	Catholic	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED	YES NO INTERESTED
Middle:	Female	~~~~~	Other:	Church:	Church:	Church:	Church:
Last:	Ethnicity:	City/State of Birth:	School:	City, State:	City, State:	City, State:	City, State:
			Grade:				