



ST. SCHOLASTICA CATHOLIC CHURCH

4301 W Homosassa Trail, Lecanto, FL 34461
352-746-9422 | stscholastica.org

Parish Registration Form

Welcome to our parish family — Please complete this registration form so we may better serve you.

FAMILY INFORMATION

Family Last Name: _____

Family Email: _____

Home Phone: _____

Emergency Phone: _____

Mailing Address: _____

City: _____ State: ___ Zip: _____

Preferences:

Publish Phone Publish Address Publish Email Receive Visits Receive Contribution Envelopes

INDIVIDUAL MEMBER INFORMATION

Repeat this block per member

Full Name: _____

Date of Birth: _____

Nickname (if any): _____

Gender: Male Female

Role in Family: _____

Marital Status: _____

Email: _____

Ethnicity: _____

Birthplace: _____

Language (s): _____

Cell Phone: _____

Religion: _____

Work Phone: _____

High School Grad Year: _____

Special Needs: _____

SACRAMENTAL INFORMATION (Complete to your best knowledge)

Baptism Date: ___ / ___ / _____

Location: _____

Reconciliation Date: ___ / ___ / _____

Location: _____

First Eucharist Date: ___ / ___ / _____

Location: _____

Confirmation Date: ___ / ___ / _____

Location: _____

Catholic Marriage Date: ___ / ___ / _____

Location: _____

INDIVIDUAL MEMBER INFORMATION

Repeat this block per member

Full Name: _____

Date of Birth: _____

Nickname (if any): _____

Gender: Male Female

Role in Family: _____

Marital Status: _____

Email: _____

Ethnicity: _____

Birthplace: _____

Language (s): _____

Cell Phone: _____

Religion: _____

Work Phone: _____

High School Grad Year: _____

Special Needs: _____

SACRAMENTAL INFORMATION (Complete to your best knowledge)

[] Baptism Date: ___ / ___ / _____ Location: _____
[] Reconciliation Date: ___ / ___ / _____ Location: _____
[] First Eucharist Date: ___ / ___ / _____ Location: _____
[] Confirmation Date: ___ / ___ / _____ Location: _____
[] Catholic Marriage Date: ___ / ___ / _____ Location: _____

INDIVIDUAL MEMBER INFORMATION

Repeat this block per member

Full Name: _____ Date of Birth: _____
Nickname (if any): _____ Gender: [] Male [] Female
Role in Family: _____ Marital Status: _____
Email: _____ Ethnicity: _____
Birthplace: _____ Language (s): _____
Cell Phone: _____ Religion: _____
Work Phone: _____
High School Grad Year: _____
Special Needs: _____

SACRAMENTAL INFORMATION (Complete to your best knowledge)

[] Baptism Date: ___ / ___ / _____ Location: _____
[] Reconciliation Date: ___ / ___ / _____ Location: _____
[] First Eucharist Date: ___ / ___ / _____ Location: _____
[] Confirmation Date: ___ / ___ / _____ Location: _____
[] Catholic Marriage Date: ___ / ___ / _____ Location: _____

INDIVIDUAL MEMBER INFORMATION

Repeat this block per member

Full Name: _____ Date of Birth: _____
Nickname (if any): _____ Gender: [] Male [] Female
Role in Family: _____ Marital Status: _____
Email: _____ Ethnicity: _____
Birthplace: _____ Language (s): _____
Cell Phone: _____ Religion: _____
Work Phone: _____
High School Grad Year: _____
Special Needs: _____

SACRAMENTAL INFORMATION (Complete to your best knowledge)

[] Baptism Date: ___ / ___ / _____ Location: _____
[] Reconciliation Date: ___ / ___ / _____ Location: _____
[] First Eucharist Date: ___ / ___ / _____ Location: _____
[] Confirmation Date: ___ / ___ / _____ Location: _____
[] Catholic Marriage Date: ___ / ___ / _____ Location: _____

FOR PARISH USE ONLY

Envelope # _____ Issued Envelopes { } Welcome Letter { } Bulletin Welcome { }