

**St. Rita Parish**  
**10516 Hayes Rd., Clarklake, Michigan 49234**  
**Registration Form**

Date: \_\_\_\_\_ Family Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
 Zipcode: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Winter address: \_\_\_\_\_  
(if different than above)  
 Months or time period away: \_\_\_\_\_ Do you want Faith Magazine?  Yes  No  
 Do you want envelopes?  Yes  No Assigned Env # \_\_\_\_\_  
 (Please note: It is not necessary to receive envelopes but envelopes turned in help us count active members.)  
 Permission to publish phone, address, email in Parish Directory:  
 I do not want anything published  Only publish the checked items:  
 Phone  Address  Email

**Household Information**

Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Widower <input type="radio"/> Divorced		Maiden Name _____	
Self or Head of Household		Spouse	
First Name: _____	M.I. _____	First Name: _____	
Goes by or Nickname: _____		Goes by or Nickname: _____	
Last Name: _____ <small>(if different than family name or maiden name if married or kept married name)</small>		Last Name: _____ <small>(if different than family name or maiden name if married or kept married name)</small>	
DOB: _____ <input type="radio"/> Male <input type="radio"/> Female		DOB: _____ <input type="radio"/> Male <input type="radio"/> Female	
Sacramental Info: Baptized: <input type="radio"/> Catholic <input type="radio"/> Other _____		Sacramental Info: Baptized: <input type="radio"/> Catholic <input type="radio"/> Other _____	
Date: _____ Location: _____		Date: _____ Location: _____	
First Communion: <input type="radio"/>		First Communion: <input type="radio"/>	
Date: _____ Location: _____		Date: _____ Location: _____	
Reconciliation: <input type="radio"/>		Reconciliation: <input type="radio"/>	
Date: _____ Location: _____		Date: _____ Location: _____	
Confirmation : <input type="radio"/>		Confirmation : <input type="radio"/>	
Date: _____ Location: _____		Date: _____ Location: _____	
If married, date of _____		If married, date of _____	
<input type="radio"/> Civil <input type="radio"/> Canon <input type="radio"/> Convalidation		<input type="radio"/> Civil <input type="radio"/> Canon <input type="radio"/> Convalidation	
Location: _____ City: _____		Location: _____ City: _____	
Occupation: _____		Occupation: _____	
Employer: _____		Employer: _____	
Work Phone: _____		Work Phone: _____	

In case of emergency, notify: Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Street) (City)

Notes: \_\_\_\_\_  
 \_\_\_\_\_

### Family Member Information

(Enter children in the home and any adult other than head of household or spouse)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
(if different than family name)

DOB: \_\_\_\_\_  Male  Female Name of School: \_\_\_\_\_

Check if sacrament received. Add date, if known, and location (church) sacrament took place at:

**Sacramental Info:**

Baptized:  Catholic  Other \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Reconciliation:   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion:   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmation :   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
(if different than family name)

DOB: \_\_\_\_\_  Male  Female Name of School: \_\_\_\_\_

Check if sacrament received. Add date, if known, and location (church) sacrament took place at:

**Sacramental Info:**

Baptized:  Catholic  Other \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Reconciliation:   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion:   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmation :   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
(if different than family name)

DOB: \_\_\_\_\_  Male  Female Name of School: \_\_\_\_\_

Check if sacrament received. Add date, if known, and location (church) sacrament took place at:

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Date: \_\_\_\_\_ Location: \_\_\_\_\_

Reconciliation:   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion:   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmation :   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
(if different than family name)

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Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion:   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmation :   
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Add additional pages if needed