

Holy Rosary Church – 3200 Philadelphia Pike - Claymont, DE 19703
Parish Registration Form

FAMILY LAST NAME: _____ TODAY'S DATE: _____

ADDRESS: _____
(Street Address/PO Box) (Development) (City) (State) (ZIP Code)

TELEPHONE: _____
(Home) (Work) (Cell)

E-MAIL ADDRESS: _____

HEAD OF HOUSEHOLD:

(Last Name) (First Name) (MI) (Suffix) (Maiden Name)

Date of Birth: _____ Male Female

Occupation: _____

<u>Status</u>	<u>Sacraments</u>
_____ Married _____ by a priest	Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
_____ Single	Penance <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
_____ Engaged	1 st Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
_____ Widowed	Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
_____ Separated	
_____ Divorced	

SPOUSE:

(Last Name) (First Name) (MI) (Suffix) (Maiden Name)

Date of Birth: _____ Male Female

Occupation: _____

<u>Status</u>	<u>Sacraments</u>
_____ Married _____ by a priest	Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
_____ Single	Penance <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
_____ Engaged	1 st Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
_____ Widowed	Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
_____ Separated	
_____ Divorced	

Please List Additional Family Members on other side

Office Use

Envelope # _____ PDS Diocese Dialog DP Murphy

PLEASE LIST ADDITIONAL FAMILY MEMBERS WHO RESIDE AT THIS ADDRESS:

(Last Name) (First Name) (MI) (Suffix)

Date of Birth: _____ Male Female

Relationship to Head of Household: _____

School Attending: _____ Sacraments
Baptism Yes No Date: _____ Place: _____
Grade: _____ Penance Yes No Date: _____ Place: _____
Disability: _____ 1st Communion Yes No Date: _____ Place: _____
Confirmation Yes No Date: _____ Place: _____

(Last Name) (First Name) (MI) (Suffix)

Date of Birth: _____ Male Female

Relationship to Head of Household: _____

School Attending: _____ Sacraments
Baptism Yes No Date: _____ Place: _____
Grade: _____ Penance Yes No Date: _____ Place: _____
Disability: _____ 1st Communion Yes No Date: _____ Place: _____
Confirmation Yes No Date: _____ Place: _____

(Last Name) (First Name) (MI) (Suffix)

Date of Birth: _____ Male Female

Relationship to Head of Household: _____

School Attending: _____ Sacraments
Baptism Yes No Date: _____ Place: _____
Grade: _____ Penance Yes No Date: _____ Place: _____
Disability: _____ 1st Communion Yes No Date: _____ Place: _____
Confirmation Yes No Date: _____ Place: _____

Use a separate sheet for additional family members.

Would you wish to offer your services in any of the following areas:

- | | | |
|--------------------------|--|-----------------------------|
| _____ Adult Choir/Cantor | _____ Minister of Holy Communion (Liturgy) | _____ Parish Life Committee |
| _____ Fundraising | _____ Minister of Holy Communion (to the sick) | _____ Religious Education |
| _____ Lazarus Ministry | _____ Outreach Volunteer | _____ Usher |
| | | _____ Youth Ministry |