

PARISH REGISTRATION FORM

*Please mark the **Parish** you are joining with an X in the box on the left*

St. Rose of Lima Parish 28905 Co Rd 17, St. Rosa, Freeport, MN 56331-9610
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Sacred Heart Parish 106 3rd Ave NE, Box 155 Freeport, MN 56331-0155
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Immaculate Conception Parish 650 Main Street, Box 131 New Munich, MN 56356-0131
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We kindly request that you fill out the information and return the completed form by mail or place it in the Sunday collection as soon as possible. Please print or type the information for legibility. Thank you.

Adult Parishioner Last Name _____ **First Name** _____

Religion: _____ **Date of Birth:** _____ **Occupation :** _____

Previous Parish: _____ **Parish Ministry Interest:** (circle) Usher, Server, Lector
 (or call the parish office if not listed)

Marital Status: (circle one) Single Married Widowed Separated Divorced

Address: _____ City/State: _____ Zip: _____ Mailing Address (if different) _____ E-mail: _____ Phone: (320) _____ Cell Phone: (320) _____
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If Married: **Date of Marriage:** _____

Place of Marriage: _____ **By Whom:** _____

Spouse's Name: _____ **Date of Birth:** _____

Religion: _____ **Spouse's Previous Parish:** (if different) _____

Spouse Occupation: _____ **Parish Ministry Interest:** (circle) Usher, Server, Lector
 (or call the parish office if not listed)

Children Under 18 Living in your Household:

<u>Child's Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Religion</u>	<u>School</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you have children away at college or in the military service, etc. that are to be registered at this parish, please furnish the following:

Name: _____ **Date of Birth:** _____ (check one) **College:** _____ **Service:** _____

<u>For office use only:</u>	
Data Base	_____
Bulletin	_____
Env's	_____