

DATE: _____

REGISTRATION FORM
SAINT PATRICK CHURCH, ROXBURY, CT
P.O. Box 303, Washington Depot, CT 06794
860-868-2600
(All information is kept confidential)

All members, including yourself. (Use an additional paper if more space is needed)

<u>Last Name</u>	<u>First Name</u>	<u>Maiden Name</u>	<u>Birth Date</u>	<u>M/F</u>	<u>Religion</u>	<u>1st Comm.</u> <u>Y/N</u>	<u>Confirmed</u> <u>Y/N</u>

Part-Time Parishioners: _____ Year-Round Parishioners: _____
Years in this Parish: _____ Language Spoken at Home: _____
Family Residence: Tenant _____ Owner _____
Marital Staus: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____
If married, were you married according to the Rite of the Church? Yes _____ No _____

Home Address: Street _____
Town _____ Zip Code _____

Mailing Address (if different): Street _____
Town _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Are you a member of the Women's Guild, Knights of Columbus or Parish Council?

Yes _____ No _____

If not, would you be interested in finding out about joining the Women's Guild, Knights of Columbus or Parish Council? Yes _____ No _____ If yes, which one? _____
