

PARISH REGISTRATION FORM

Our Lady of the Most Holy Rosary Catholic Church

520 Stevens Street • Indianapolis, IN 46203 • (317) 636-4478 • info@holyroaryindy.org

For Office Use Only
Date Rec'd
DB OSV CR
Env. No.

Canon Law stipulates that only people who are registered may be members of a personal parish such as Holy Rosary. In order to begin parish membership, please fill out this form and return it to the parish office.

Please print answers legibly in the spaces provided • Completed forms may be mailed or placed into the Sunday collection basket.

Family Last Name Home Telephone No.

Street Address

Mailing Address (if different)

City, State, ZIP

In the spaces below, provide information about yourself and, if applicable, your spouse. Any dependent children in the household/family should be listed on the back of this form. Other adults in the household/family, including adult children, should complete a separate census form.

Husband or Single Male Current marital status: Single Married Widowed Divorced

Name Date of Birth

Occupation Employer

Work Telephone No. Cell Phone No.

E-mail Address

Preferred form of contact: Home phone Cell phone Work phone E-mail

Religion: Roman Catholic Other (specify):

Sacraments Received: Baptism Penance Eucharist Confirmation Matrimony Holy Orders

Do you want to be on the parish's e-mail notification list? Yes No I wish to be notified only of changes to the parish Mass schedule

Are you a member of the Knights of Columbus? Yes No If yes, which council? (specify)

In which ministries, parish groups or activities would you like to be involved? (please list)

Wife or Single Female Current marital status: Single Married Widowed Divorced

Name Date of Birth

Occupation Employer

Work Telephone No. Cell Phone No.

E-mail Address

Preferred form of contact: Home phone Cell phone Work phone E-mail

Religion: Roman Catholic Other (specify):

Sacraments Received: Baptism Penance Eucharist Confirmation Matrimony

Do you want to be on the parish's e-mail notification list? Yes No I wish to be notified only of changes to the parish Mass schedule

In which ministries, parish groups or activities would you like to be involved? (please list)

Matrimony (if applicable)

Wedding date: Witnessed by: Catholic priest or deacon Other (specify):

Which of you were Catholic at the time of your wedding? Both Husband only Wife only Neither

If at least one of you was Catholic at the time of your wedding and you were married in a non-Catholic ceremony, did you receive dispensation from the bishop or was your marriage later convalidated in the Catholic Church? Yes No

Dependent Children (If additional space is needed, please copy this page and staple the pages together.)

1. Name _____ Sex: Male Female
Date of Birth _____ Is he/she currently in school? Yes No
If yes, which school? _____ Which grade? _____
Religion: Roman Catholic Other (specify):
Sacraments Received: Baptism Penance Eucharist Confirmation

2. Name _____ Sex: Male Female
Date of Birth _____ Is he/she currently in school? Yes No
If yes, which school? _____ Which grade? _____
Religion: Roman Catholic Other (specify):
Sacraments Received: Baptism Penance Eucharist Confirmation

3. Name _____ Sex: Male Female
Date of Birth _____ Is he/she currently in school? Yes No
If yes, which school? _____ Which grade? _____
Religion: Roman Catholic Other (specify):
Sacraments Received: Baptism Penance Eucharist Confirmation

4. Name _____ Sex: Male Female
Date of Birth _____ Is he/she currently in school? Yes No
If yes, which school? _____ Which grade? _____
Religion: Roman Catholic Other (specify):
Sacraments Received: Baptism Penance Eucharist Confirmation

5. Name _____ Sex: Male Female
Date of Birth _____ Is he/she currently in school? Yes No
If yes, which school? _____ Which grade? _____
Religion: Roman Catholic Other (specify):
Sacraments Received: Baptism Penance Eucharist Confirmation

6. Name _____ Sex: Male Female
Date of Birth _____ Is he/she currently in school? Yes No
If yes, which school? _____ Which grade? _____
Religion: Roman Catholic Other (specify):
Sacraments Received: Baptism Penance Eucharist Confirmation

7. Name _____ Sex: Male Female
Date of Birth _____ Is he/she currently in school? Yes No
If yes, which school? _____ Which grade? _____
Religion: Roman Catholic Other (specify):
Sacraments Received: Baptism Penance Eucharist Confirmation