PARISH REGISTRATION FORM

Our Lady of the Most Holy Rosary Catholic Church
520 Stevens Street • Indianapolis, IN 46203 • (317) 636-4478 • info@holyrosaryindy.org

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