

SAINT RITA CHURCH

8709 Preston Hwy * Louisville, Kentucky 40219 * (502) 969-4579

PARISH REGISTRATION FORM

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Cell Phone: _____

HEAD OF THE HOUSEHOLD MEMBER INFORMATION

NAME: _____ Title: Mr. Mrs. Other: _____

Nickname: _____ Place of birth: _____ Email: _____

Birth date: ____/____/____ Sex: ____ Female ____ Male

Religion: _____ Occupation: _____ Employer: _____

Marital Status: _____

Baptism: Date _____ Church: _____ address: _____

City/State/Zip _____

Confirmation: Date: Date _____ Church: _____ address: _____

City/State/Zip _____

Penance: Date _____ Church: _____ address: _____

City/State/Zip _____

Marriage: Date _____ Church: _____ address: _____

City/State/Zip _____

SPOUSE/MEMBER INFORMATION

NAME: _____ Title: Mr. Mrs. Other: _____

Nickname: _____ Place of birth: _____ Email: _____

Birth date: ____/____/____ Sex: ____ Female ____ Male

Religion: _____ Occupation: _____ Employer: _____

Marital Status: _____

Baptism: Date _____ Church: _____ address: _____

City/State/Zip _____

Confirmation: Date: Date _____ Church: _____ address: _____

City/State/Zip _____

Penance: Date _____ Church: _____ address: _____

City/State/Zip _____

Marriage: Date _____ Church: _____ address: _____

City/State/Zip _____

Would you like to receive donation envelopes for Sunday Mass? ____

Would you like to receive The Record, the free English-language Catholic newspaper of the Archdiocese of Louisville? ____

* If you have children, add them to the back of this sheet.

SAINT RITA CHURCH

8709 Preston Hwy * Louisville, Kentucky 40219 * (502) 969-4579

Child Name: _____ Title: Mr. Mrs. Other: _____

Date of Birth ____/____/____ Gender ____ Suffix: Sr. Jr. II III Other: _____

School: _____ Grade: _____

Baptism: Date _____ Church: _____ address: _____

City/State/Zip _____

Confirmation: Date: Date _____ Church: _____ address: _____

City/State/Zip _____

Penance: Date _____ Church: _____ address: _____

City/State/Zip _____

Marriage: Date _____ Church: _____ address: _____

City/State/Zip _____

Child Name: _____ Title: Mr. Mrs. Other: _____

Date of Birth ____/____/____ Gender ____ Suffix: Sr. Jr. II III Other: _____

School: _____ Grade: _____

Baptism: Date _____ Church: _____ address: _____

City/State/Zip _____

Confirmation: Date: Date _____ Church: _____ address: _____

City/State/Zip _____

Penance: Date _____ Church: _____ address: _____

City/State/Zip _____

Marriage: Date _____ Church: _____ address: _____

City/State/Zip _____

Child Name: _____ Title: Mr. Mrs. Other: _____

Date of Birth ____/____/____ Gender ____ Suffix: Sr. Jr. II III Other: _____

School: _____ Grade: _____

Baptism: Date _____ Church: _____ address: _____

City/State/Zip _____

Confirmation: Date: Date _____ Church: _____ address: _____

City/State/Zip _____

Penance: Date _____ Church: _____ address: _____

City/State/Zip _____

Marriage: Date _____ Church: _____ address: _____

City/State/Zip _____