ST. ROSE OF LIMA CATHOLIC COMMUNITY

(FORM REVISED 10/26/2016)

For Office Use Only
Env # _____
Date Ent. _____
FNote _____

Primary Contact Information:

First Name	Last Name
Cell Phone # Alternate Phone #	Email
Address	Date of Birth (Mo/Day/Yr)
Catholic (Y/N): ____ Sacraments Rec'd: Baptism ____ 1st Communion ____ Confirmation ____ Marital Status: Single___Married___Divorced___Widowed___Separated____ If Married: Catholic Civil Other Date Married: Gender (M/F):	

Today's Date: _____

Primary Language: Spanish English Other
Children @ St. Rose of Lima Academy: Yes____ No____
Will Use Envelopes: Yes____ No _____ OR Donate on-line : Yes____ No____

Other Adults in Household		Catholic Y/N	Gender M/F	Date of Birth Mo/Day/Yr	Baptized Y/N	Communion Y/N	Confirmed Y/N	Status (Circle One)	Type of Marriage	Date
First Name:	**Last Name:**							**Single Married Divorced Widowed Separated N/A**	**Catholic Civil Other**	
Relationship to Primary Contact:										
First Name:	**Last Name:**							**Single Married Divorced Widowed Separated N/A**	**Catholic Civil Other**	
Relationship to Primary Contact:										

Children in Household (under age 17)		Catholic Y/N	Gender M/F	Date of Birth Mo/Day/Yr	Baptized Y/N	Communion Y/N	Confirmed Y/N	Grade	School	
									St Rose	Other
First Name:	**Last Name:**									
First Name:	**Last Name:**									
First Name:	**Last Name:**									
First Name:	**Last Name:**									
First Name:	**Last Name:**									