

**St. Rita Catholic Church
Registration Form
309 E. Maple Street, Holly, MI 48442
248-634-4841**

FAMILY NAME _____ DATE _____
 STREET ADDRESS _____ APT# _____
 CITY _____ ZIP _____ HOME PHONE _____
 HOW LONG AT THIS ADDRESS _____ PREVIOUS PARISH _____
 Mail Salutation: Mr & Mrs, Mr., Ms., Miss _____ E-mail Address _____

HEAD OF HOUSEHOLD:

(Circle One)

Mr., Mrs., Miss, Ms, Dr. First Name _____ M.I. _____ Last Name _____
 Birthdate: _____ Religion _____ Baptized _____ Confirmed _____
 Occupation or Retired _____ Place of Employment _____
 Work Phone _____ Cell Phone _____

SPOUSE:

(Circle One)

Mr., Mrs., Miss, Ms, Dr. First Name _____ M.I. _____ Last Name _____
 Birthdate: _____ Religion _____ Baptized _____ Confirmed _____
 Occupation or Retired _____ Place of Employment _____
 Work Phone _____ Cell Phone _____

MARRIAGE INFORMATION:

Married? (Circle one) M S W D Separated _____ Date of Marriage _____
 Place (Church Name) _____
 Valid Catholic Marriage (Y/N) _____ Maiden Name _____

CHILDREN:

First Name	Middle	Last Name (if different)	Birthdate	Sex	Baptized	Where	First Comm	Confirmed	Current School
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Additional: Member with special need? (Disabled? Homebound? Other persons in household? Please give name and relation) _____

Areas of Interest: Check those that apply

Parish Council _____ Lector _____ EME _____ Usher _____ Altar Serve _____ Welcome Committee _____
 Religious Formation _____ RCIA _____ St. Vincent De Paul _____