



St. Rocco's Catholic Church, Martins Creek, PA – Parish Registration Form

FAMILY INFORMATION (Please print)

New Registration _____ Update of Information _____ Date _____

FAMILY LAST NAME _____

Mailing Preference: Mr. _____ Mrs. _____ Ms. _____ Mr. & Mrs. _____

ADDRESS / PO BOX _____

CITY _____ STATE _____ ZIPCODE _____

FAMILY EMAIL ADDRESS _____

May we contact you by email? Yes _____ No _____

Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

May we list you as "new parishioner" in the Bulletin Yes _____ No _____

Marriage Date: _____ Catholic Ceremony: Yes _____ No _____

I / We will support the parish by: Weekly "Offering" envelopes _____
or by ACH Giving (auto-withdrawal): _____

Previous Parish, City, State _____

Adult 1 - (Add last name if different from family name above)

First Name _____

Maiden Name _____ Gender: M _____ F _____

Date of Birth _____ Religion _____

Home/Cell Phone _____

Email _____

Sacraments Received – Please check those you received.

Baptism Date _____ **Church Name** _____

City/State _____

Reconciliation _____ **Church Name** _____

City/State _____

1st Holy Communion _____ **Church Name** _____

City/State _____

Confirmation _____ **Church Name** _____

City/State _____

Adult 2 - (Add last name if different from family name above)

First Name _____

Maiden Name _____ Gender: M _____ F _____

Date of Birth _____ Religion _____

Home/Cell Phone _____

Email _____

Sacraments Received – Please check those you received.

Baptism Date _____ **Church Name** _____

City/State _____

Reconciliation _____ **Church Name** _____

City/State _____

1st Holy Communion _____ **Church Name** _____

City/State _____

Confirmation _____ **Church Name** _____

City/State _____

Dependent Child Living with You

(Add last name if different from family name above)

First/Last Name _____

Gender: M___ F_ Date of Birth _____

Religion _____ Grade _____

School _____

Sacraments Received – Please check those that you received.

Baptism Date _____ **Church Name** _____

City/State _____

Reconciliation Date _____ **Church Name** _____

City/State _____

1st Holy Communion Date _____ **Church Name** _____

City/State _____

Confirmation _____ **Church Name** _____

City/State _____

Dependent Child Living with You

(Add last name if different from family name above)

First/Last Name _____

Gender: M___ F_ Date of Birth _____

Religion _____ Grade _____

School _____

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City/State _____

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(Add last name if different from family name above)

First/Last Name _____

Gender: M___ F_ Date of Birth _____

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(Add last name if different from family name above)

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