

FOR OFFICE USE ONLY

Parishioner Number: _____

Head of Household _____

Please circle one: (Mr. & Mrs.), (Mr.), (Mrs.), (Ms.), (Miss), (Other)

Address _____

Marital Status

Married, Divorced, Single Widowed

Date of Marriage _____

Family Information

Father's Name _____

Age _____

Birthday _____

Baptism

Y N

Holy Communion

Y N

Reconciliation

Y N

Confirmation

Y N

Mother's Name _____

Age _____

Birthday _____

Baptism

Y N

Holy Communion

Y N

Reconciliation

Y N

Confirmation

Y N

Home Phone _____

Cell Phone _____

Email _____

Dependant Children

Name _____

Age _____

Birthday _____

Baptism

Y N

Holy Communion

Y N

Reconciliation

Y N

Confirmation

Y N

Name _____

Age _____

Birthday _____

Baptism

Y N

Holy Communion

Y N

Reconciliation

Y N

Confirmation

Y N

Name _____

Age _____

Birthday _____

Baptism

Y N

Holy Communion

Y N

Reconciliation

Y N

Confirmation

Y N

Name _____

Age _____

Birthday _____

Baptism

Y N

Holy Communion

Y N

Reconciliation

Y N

Confirmation

Y N

ST. ROSE OF LIMA IS A TITHING PARISH COMMUNITY. PLEASE CHECK WHICH METHOD YOU PREFER:

On-line tithing

Traditional envelope tithing

NOTE: PLEASE RETURN COMPLETED FORM TO:

ST. ROSE OF LIMA PARISH
ATTN: PARISHIONER REGISTRATION
312 RIDGEDALE AVENUE
EAST HANOVER, NJ 07936