

Office Use Only

Registration Number _____

Registration Date _____

ST. RITA CATHOLIC CHURCH PARISH REGISTRATION FORM

Please drop in collection or mail to:

3822 Bayou Rapides Rd.

Alexandria, LA 71303

For more information call 318-445-7120

Family Last Name _____

Address _____ (Apt. No) _____ email address _____

City _____ State _____ Zip Code _____ Home Phone Number _____ Unlisted **Husband Last Name** _____ First Name _____ Middle Name _____ Birthdate _____

Religion _____ Employer _____ Occupation _____ Work Phone # _____ Cell Phone# & Carrier _____

Spouse Last Name _____ First Name _____ Middle Name _____ (Maiden Name) _____ Birthdate _____

Religion _____ Employer _____ Occupation _____ Work Phone # _____ Cellphone# & Carrier _____

List all adults or children living in your household:

First Name	Last Name	Relationship	Birthday	Grade	M	F	Baptism	Comm	Confirm	Date Catholic Marriage

Do you have a personal need you would like to discuss with a priest? YES NO Do you have a person in your home with special needs with whom we can assist? YES NO

I AM INTERESTED IN SERVING MY PARISH IN THE FOLLOWING WAYS (CHECK ANY THAT APPLY BELOW)

PARISH ACTIVITY				
Adult Education	Children's Church	Religious Teacher/Aide	Vacation Bible School	
Altar Server	Eucharistic Minister	St. Vincent de Paul	Visit Shut Ins	
Altar Society	Fall Festival	Senior Wise Crackers	Welcome Committee	
Bereavement Comm.	Lector	Usher	Youth Ministry	

MARITAL STATUS
Married
Single
Divorced
Widowed
Separated

Signature _____

Date _____