



# “Our Lady of the Rosary Parish”

1 Cross Street – Clinton, Massachusetts 01510 Office: (978) 365-2724 [www.iasna-gora.org](http://www.iasna-gora.org)

## Registration

Registration Date \_\_\_/\_\_\_/\_\_\_

Contrib. Envelope. Y / N (ENV # \_\_\_\_\_)

### General Information:

Last Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

First Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Permission to publish in Parish Directory

\_\_\_\_\_

Phone # Y \_\_\_ N \_\_\_ Address Y \_\_\_ N \_\_\_ Email Y \_\_\_ N \_\_\_

Town/City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code \_\_\_\_\_ - \_\_\_\_\_

Previous Parish: Name \_\_\_\_\_ City/Town & State \_\_\_\_\_

### Couple/Head of Household Information

Marital Status: \_\_\_\_\_ Married by Priest/Deacon: Y \_\_\_ N \_\_\_ Anniversary Date: \_\_\_/\_\_\_/\_\_\_

Wedding Church/City: \_\_\_\_\_

**Important! (PLEASE NOTE: If single, widowed or other, please complete information on other side)**

#### HUSBAND:

Active Catholic: Active / Inactive/ Other

Denomination \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_

#### WIFE:

Active / Inactive / Other

Denomination \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_

(Maiden) \_\_\_\_\_

#### **Sacramental Information:**

Baptized Y \_\_\_ N \_\_\_ Catholic Y \_\_\_ N \_\_\_

Reconciliation Y \_\_\_ N \_\_\_ First Eucharist Y \_\_\_ N \_\_\_

Confirmation Y \_\_\_ N \_\_\_

Baptized Y \_\_\_ N \_\_\_ Catholic Y \_\_\_ N \_\_\_

Reconciliation Y \_\_\_ N \_\_\_ First Eucharist Y \_\_\_ N \_\_\_

Confirmation Y \_\_\_ N \_\_\_

#### Husband:

Occupation: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Language (Other than English) \_\_\_\_\_

#### Wife:

Occupation: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Language (Other than English) \_\_\_\_\_

**Children Information (Over 18, Please complete separate form)**

<u>Child Name:</u>	<u>DOB</u>	<u>Sex</u>	<u>Current Grade</u>	
1. _____	__ / __ / ____	M / F	_____	School: _____
Baptism? Y _ N _ Catholic? Y _ N _ First Eucharist: Y _ N _ Reconciliation? Y _ N _ Confirmation? Y _ N _ CCD Y _ N _				
2. _____	__ / __ / ____	M / F	_____	School: _____
Baptism? Y _ N _ Catholic? Y _ N _ First Eucharist: Y _ N _ Reconciliation? Y _ N _ Confirmation? Y _ N _ CCD Y _ N _				

<u>Child Name:</u>	<u>DOB</u>	<u>Sex</u>	<u>Current Grade</u>	
3. _____	__ / __ / ____	M / F	_____	School: _____
Baptism Y _ N _ Catholic Y _ N _ First Eucharist: Y _ N _ Reconciliation Y _ N _ Confirmation Y _ N _ CCD Y _ N _				
4. _____	__ / __ / ____	M / F	_____	School: _____
Baptism Y _ N _ Catholic? Y _ N _ First Eucharist: Y _ N _ Reconciliation Y _ N _ Confirmation Y _ N _ CCD Y _ N _				

(If more entries needed, please use the blank sheet of paper)

**Single, Widowed, or Others, (Please complete information below)**

Your Status: _____	Occupation: _____
Full Name: _____	Work Telephone Number: (____) _____
Date of Birth: ____ / ____ / ____	Work Email _____
Language (Other than English) _____	

**Sacramental Information:**

Baptized Y \_ N \_ Catholic Y \_ N \_ Reconciliation Y \_ N \_ First Eucharist Y \_ N \_ Confirmed Y \_ N \_

**Parish Ministry Opportunities**

If interested or already assisting in any of the ministries listed below, please indicate.

Eucharistic Minister ____	RCIA ____	Lector ____	Youth Ministry/Life Teen ____
Altar Server ____	Religious Education ____	Children's Choir ____	Children's Ministry ____
Adult Choir ____	Ministers of the Sick and Homebound ____	Hospitality ____	Usher ____
Cleaning the Church ____	Other Suggestions: _____		

Please fill out this form at your earliest convenience and return either by mail, or, drop in the collection basket at Mass over the weekend. This information is very important and necessary as we update our parish census. Thank you for your immediate attention to this request.

**COMMENTS:**