



SACRED HEART PARISH

Parishioner Registration Form

Sacred Heart Church
340 Centre St
Middleborough, MA 02346

St. Rose of Lima House of Worship
P.O. Box 40
Rochester, MA 02770

Date: _____

Family Name: _____

Maiden Name: _____

Single () Married () -by priest or deacon? YES NO Divorced () Annulment () Widowed ()

Address: _____

Subdivision/Apartment No.: _____

City: _____ Zip Code: _____

Previous Parish: _____

Telephone #: _____ Check if Unlisted ()

Family E-mail Address: _____

(Optional; e-mail addresses provided will only be used for church business and will not be sold or given away)

ADULT INFORMATION (additional adults on reverse)

First Name: _____ **MI** _____ **Last Name:** _____

Birth Date	M/F	Religion	Sacraments Received (X) Baptism, Communion, Confirmation, Marriage () () () ()	Occupation

Spouse's Name: _____ **MI** _____ **Last Name:** _____

Birth Date	M/F	Religion	Sacraments Received (X) Baptism, Communion, Confirmation, Marriage () () () ()	Occupation

CHILDREN (additional children on reverse)

Name MI (Last, if different)	Nickname	Birth Date	M/F	Grade	Baptized (Yr)	Communion (Yr)	Confirmation (Yr)

Please note any special family needs: (i.e. physically challenged, shut-ins, etc.) _____

Do you wish to receive contribution envelopes? (please circle) YES NO

Office Use Only

Entered by: _____ Date: _____ Envelope # _____

