

Registration Date ____/____/____

St Rita Catholic Church

1400 East Owens
Show Low, AZ 85901

Family Information

Receive contribution envelopes

Last Name _____

Envelope Number _____

Family Email _____

Mailing Name _____

Home Phone (____) _____ - _____

Emergency Phone (____) _____ - _____

Address Information

____ Permanent Resident ____ Summer Resident

Mailing Address _____

Street address _____

City _____ State _____ Zip/Postal _____

Winter address if Summer Resident _____

Member Information

Status at Parish _____

First Name _____

Nick Name _____

Role _____

Gender M / F

Date of Birth _____

MaidenName _____

Email _____

Birth Place _____

Ethnicity _____

Work Phone (____) _____ - _____

First Language _____

Cell Phone (____) _____ - _____

Special Needs _____

High School Grad Year _____

Sacrament Information

____/____/____

Catholic

Baptism ____/____/____

Location _____

Reconciliation Prep ____/____/____

First Eucharist ____/____/____

Location _____

Location _____

Confirmation ____/____/____

Catholic Marriage ____/____/____

Location _____

Location _____