

HOLY ROSARY PARISH REGISTRATION

Please complete both sides and return to:
Holy Rosary Catholic Church
724 E. Booneslick Road
Warrenton, MO 63383

Today's Date: _____

Do you want Sunday Envelopes: Yes No

Please Print	Head of Household	Spouse
Title (Circle One)	Mr. Mrs. Miss. Ms. Dr. Other _____	Mr. Mrs. Miss. Ms. Dr. Other _____
Name (Last, First, & Maiden)		
Preferred or Nickname		
Sex: (Check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday (mm/dd/yyyy)	Date: ____/____/____	Date: ____/____/____
Street Address:		
City, State & Zip		
Years at Present Address		
E-Mail Address		
Marital Status (Circle one)	Single Married Divorce Widow Separated	
Marriage Blessed by Catholic Church	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Married	Date: ____/____/____	
Home Phone	() - Check if unlisted <input type="checkbox"/>	
Cell Phone	() -	() -
Work Phone	() -	() -
Occupation		
Employer		
Religion		
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN

(Children 21 or over not in school please complete a separate registration)

Name	Sex	Birth Date	School	Baptism	Communion	Confirmation
1)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Handicapped Individual in your household: Yes No
 Type: Hearing Sight Physical Other (Please circle your response)

The Parish has two dinners (4th Sunday in April and October), we ask all parishioner to participate. Please indicate which shift you would be able to work:

Head of Household: _____ AM _____ PM _____ Dining Rm _____ Kitchen _____ Other
 Spouse _____ AM _____ PM _____ Dining Rm _____ Kitchen _____ Other
 Child 12 year or older _____ AM _____ PM _____ Dining Rm _____ Trash _____ Other

HOLY ROSARY CHURCH

Ministries and Organizations

01	Lector	26	Teacher Aide
02	Usher	27	Substitute School Teacher
03	Eucharistic Minister	29	Gardening/Landscaping
04	Parish Council	30	General Maintenance
05	Administration & Finance	32	Drive/Doctor
06	Liturgy Commission	33	Fundraising Events
07	Stewardship Program	35	Drive People to Church
08	Organist	36	Painter
09	Adult Choir	37	Electrician
10	Resurrection Choir	38	Carpenter
11	St. Vincent de Paul	39	Adult Education Program
12	St. Ann Sodality	40	Help with Parish Mailings
13	Holy Name Society	42	Plumber
14	Mass Server	43	HVAC Maintenance
15	Church Cleaner	44	Quilter
18	Pro-Life	45	Perpetual Adoration Chapel
19	Communion to Homebound	46	Misc. Computer Work/Typing
20	ADA Coordinator/Worker	47	PSR Teacher
22	CYC Worker	48	PSR Substitutes
23	School Library Aide	49	Christian Initiation Program
25	Legion of Mary	50	Christian Initiation Sponsor

You are invited to be a part of the active mission and ministry of our parish by sharing your time and talent in at least one of our activities. Please print the name of each household member who will share his/her gifts of time and talent with our parish community. In the box below each name, indicate the code number of the ministry or organization of interest (see above).

1. _____
First and Last Name

I wish to help with:

2. _____
First and Last Name

I wish to help with:

3. _____
First and Last Name

I wish to help with:

4. _____
First and Last Name

I wish to help with:
