

ST. ROCH'S CHURCH

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THE SACRAMENT OF HOLY EUCHARIST

REGISTRATION FORM

CHILD'S NAME: _____
First Middle Last

DATE OF BIRTH: _____ **CITY OF BIRTH:** _____

ADDRESS: _____

SCHOOL: _____ **GRADE:** _____

MOTHER: _____
Cell: _____ Email: _____

FATHER: _____

PHONE: Cell: _____ Email: _____

CHURCH FAMILY ATTENDS: _____

Does your child have any special needs: _____

CHILD'S BAPTISM **Date:** _____ **Church:** _____

- ☐ My son/daughter was baptized in the Roman Catholic Church (*Please attach copy of certificate*)
- ☐ My son/daughter was baptized in another Christian Denomination (*Please indicate which one*) _____
- ☐ My son/daughter is not baptized.
- ☐ I would be interested in having my son/daughter baptized or received in the Roman Catholic Church

FOR OFFICE USE ONLY: Date registration received: _____ Paid: _____
Baptism certificate received: ☐ Yes ☐ No