

ST. RITA PARISH REGISTRATION FORM

Welcome to St. Rita Parish. Please take a moment to complete this form and return it to us either by mail (3815 Russell Rd., Alexandria, VA 22305), by bringing it by the office, or by dropping it in the collection basket.

Last Name: _____ Phone: _____
(home or cell)

Email Address: _____

Address: _____
(Please include apartment number if applicable)

Please list all family members (check the boxes of sacraments received):

First Name	DOB	Religion	Bapt.	Euch.	Conf.	Matr.

If married, was your ceremony before a priest? _____
 Is there anyone bedridden or confined to the home? _____
 What is the primary language spoken in your home? _____

St. Rita Parish is a very active place and we are always looking for volunteers to help. Please check the appropriate box(es) if you are interested:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Social Outreach | <input type="checkbox"/> Altar Boys | <input type="checkbox"/> Lector |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Religious Education | <input type="checkbox"/> Respect Life |

Signature

Date