



St. Francis of Assisi

1114—3rd Street SE
Rochester MN 55904

Household (Family) Registration Information
 Household Last Name _____

 Today's Date: _____

Head of Household Last Name _____ First _____

Spouse Last Name _____ First _____

(Maiden Name if applicable) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____@_____._____

Status (single, engaged, married, widowed) _____

Married/Wedding Date _____

Would you like weekly offering envelopes? ___ Yes ___ No

Would you automatic withdrawal? ___ Yes ___ No automatic withdrawal

If yes would you like to receive "Special Collection" envelopes only (not weekly) ___ Yes ___ No

If transferring from another Parish please list Parish Name and City.

_____ City _____

We are "snowbirds" and are away from: (leave date) _____ to _____ (return date)

Alternate Address _____

City _____ State _____ ZIP _____

Faith Information – check if relevant; fill in dates if known

Head

Spouse

Religion _____

Religion _____

Birth Date _____

Birth Date _____

Baptism ___ No ___ Yes, Date: _____

Baptism ___ No ___ Yes, Date: _____

Confirmation ___ No ___ Yes, Date: _____

Confirmation ___ No ___ Yes, Date: _____

Occupation _____

Occupation _____

Work Phone _____

Work Phone _____

Work e-mail _____

Work e-mail _____

Parish Commitment Pledge

Please check the following items

Y	N	
		We will regularly attend Sunday Mass at Saint Francis of Assisi Church
		We will support the parish regularly through the use of Sunday envelopes/automatic withdrawal.
		We plan to be active in some ministry in our parish.

Children Living at Home

1st Child's name _____

Date of birth _____

Baptism ___ No ___ Yes, Date: _____

Place: _____

1st Communion ___ No ___ Yes, Date: _____

Place: _____

Confirmation ___ No ___ Yes, Date: _____

Place: _____

Current grade in school _____

Name of school _____

Would you like offering envelopes for this child?

___ Yes ___ No

2nd Child's name _____

Date of birth _____

Baptism ___ No ___ Yes, Date: _____

Place: _____

1st Communion ___ No ___ Yes, Date: _____

Place: _____

Confirmation ___ No ___ Yes, Date: _____

Place: _____

Current grade in school _____

Name of school _____

Would you like offering envelopes for this child?

___ Yes ___ No

3rd Child's name _____

Date of birth _____

Baptism ___ No ___ Yes, Date: _____

Place: _____

1st Communion ___ No ___ Yes, Date: _____

Place: _____

Confirmation ___ No ___ Yes, Date: _____

Place: _____

Current grade in school _____

Name of school _____

Would you like offering envelopes for this child?

___ Yes ___ No

4th Child's name _____

Date of birth _____

Baptism ___ No ___ Yes, Date: _____

Place: _____

1st Communion ___ No ___ Yes, Date: _____

Place: _____

Confirmation ___ No ___ Yes, Date: _____

Place: _____

Current grade in school _____

Name of school _____

Would you like offering envelopes for this child?

___ Yes ___ No

Activities we are interested in or skills we would like to share. (Please note names with interests and skills)
