

PARISH REGISTRATION FORM

*St. Rita Catholic Church, Santa Rosa Beh., Florida
Christ the King Mission, Freeport, Florida*

DATE: _____

Family Name _____ Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Local Address: _____ E-Mail: _____
Street City State Zip

Other Address (Mailing or out of town): _____
Street City State Zip Phone Number

I am typically at St. Rita's during the following months: _____

Mass of preference: (Mark 1st, 2nd or 3rd) Sat. Vigil _____ Sun. 8 am _____ Sun. 10 am _____ Misa en Espanol 7 pm _____ (2nd & 4th Saturday each month)

Name	Date of Birth	Religion	Sacraments Check those Received	Work place or School	Work Phone #
			<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Holy Communion <input type="checkbox"/> Confirmation		
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 CSA Account Number: _____ Parish Envelope Number _____ O E D