



# St. Frances of Rome Church

*Serving the Clifton & Crescent Hill communities since 1887.*

*St. Frances of Rome is an inclusive, welcoming Roman Catholic family challenging ourselves to seek, experience, and share the loving presence of God.*

## MEMBERSHIP REGISTRATION FORM

Date: \_\_\_\_\_

### HOUSEHOLD INFORMATION -

Household Mailing Name: \_\_\_\_\_ (example - Joe & Jane Doe)

Household Address: \_\_\_\_\_

Household Primary Telephone Number \_\_\_\_\_ Circle One: Listed / Unlisted

### HEAD OF HOUSEHOLD -

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Circle One: Listed / Unlisted

Gender: Male / Female Marital Status: Single / Married / Widowed / Divorced Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Catholic?: Y / N

Baptized?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Baptism \_\_\_\_\_

First Communion?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of First Communion \_\_\_\_\_

Confirmed?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Confirmation \_\_\_\_\_

Marriage?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Marriage \_\_\_\_\_

### SPOUSE, if applicable -

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Circle One: Listed / Unlisted

Gender: Male / Female Marital Status: Single / Married / Widowed / Divorced Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Catholic?: Y / N

Baptized?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Baptism \_\_\_\_\_

First Communion?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of First Communion \_\_\_\_\_

Confirmed?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Confirmation \_\_\_\_\_

Marriage?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Marriage \_\_\_\_\_

**A Dependent is defined as all children that are NOT self supporting and/or are under the age of 26 that live in the household.**

*[Please complete a separate registration form for the following: Children that are 27 years of age or older and/or are self supporting and for anyone living in the household that is a relative living within your home.]*

### DEPENDENT -

Name : \_\_\_\_\_ Gender: M / F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Current Academic Grade/Location: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Circle One: Listed / Unlisted

Baptized?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Baptism \_\_\_\_\_

First Communion?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of First Communion \_\_\_\_\_

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Confirmed?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church &amp; City of Confirmation \_\_\_\_\_

**Emergency Contact -**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

OFFICE USE ONLY -

Form as of 02.21.21

Registration Date: \_\_\_\_\_

Envelope #: \_\_\_\_\_

Diocesan #: \_\_\_\_\_

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