

(Please Print)

PARISH REGISTRATION ST. RAPHAEL CHURCH

For Church Use Only

Family Surname _____

1592 Kimblewick Road
Rockville, MD 20854-6198

Computer _____ REMY _____

Mailing Address:

Mr. & Mrs./ Ms, etc. _____ First Name _____ Initial _____ Last Name _____ Date _____

Number _____ Street _____ City _____ Zip Code _____

Telephone: (Home) _____ (Office) _____ (Spouse's Office) _____ E-Mail Address _____
(Name) _____ (Name) _____

Do not publish phone number We have needs regarding Baptism, First Eucharist, First Reconciliation, Confirmation or Marriage (please circle)

Language spoken at home, if other than English _____ We would like a priest to call.

List Only Those Living With You (Include Last Name, If Different)	Sex	Date of Birth	Race +	Catholic Yes/No	Baptized Yes/No	Confirmed Yes/No	First Penance Yes/No	Marital Status*	Grade Level (Child)	Attend Mass Regularly Yes/No	Occupation/ Name of School
Head of Household:											
Spouse:											
Children:											
Others Living With You	How Related										

* N - Never Married S - Separated + For Archdiocesan Information: Af - African or African-American W - White or European Descent
M - Now Married D - Divorced As - Asian or Asian-American H - Hispanic or Hispanic-American O - Other _____
R - Remarried W - Widowed