

Saint Raphael Parish Registration Form

Please return the completed form to our parish office:

103 Walker Street, Manchester, NH 03102 | 603-623-2604

www.st-raphael-parish.org

For Office Use Only:

Member Number: _____

Envelope Number: _____

Weekly: _____ Monthly: _____

Date Registered: _____

Head of Household:

Family E-Mail Address: _____

Mailing Address: _____ Town: _____

State: _____ Zip Code: _____

Title: _____ Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

DOB: ___/___/___ Ethnicity: _____ Gender: _____ Disability: No Yes _____
(mm/dd/yyyy)

Religion: _____ Occupation: _____ Degree: _____

Marital Status: Single Divorced Widowed Separated

Married Catholic Marriage Or Civil Marriage

Date of Marriage: (mm/dd/yyyy) ___/___/___ Place of Marriage: _____

*Please indicate Sacraments received in the Catholic Church:

Baptism Confirmation Holy Communion Matrimony

Language(s) Spoken: _____ Personal E-Mail*: _____

Primary Phone: _____ Alternative Phone: _____

Spouse or Other Adult in Household:

Title: _____ Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

DOB: ___/___/___ Ethnicity: _____ Gender: _____ Disability: No Yes _____
(mm/dd/yyyy)

Religion: _____ Occupation: _____ Degree: _____

Marital Status: Single Divorced Widowed Separated

Married Catholic Marriage Or Civil Marriage

Date of Marriage: (mm/dd/yyyy) ___/___/___ Place of Marriage: _____

*Please indicate Sacraments received in the Catholic Church:

Baptism Confirmation Holy Communion Matrimony

Language(s) Spoken: _____ Personal E-Mail*: _____

Primary Phone: _____ Alternative Phone: _____

Please notify your former parish that you are now registered at Saint Raphael Parish!

***Please note:** e-mail notifications from the parish are sent blind. We do not share your e-mail with anyone.

***WITH YOUR REGISTRATION FORM, PLEASE INCLUDE ALL SACRAMENTAL INFORMATION FOR BAPTISM, CONFIRMATION, HOLY COMMUNION AND MATRIMONY (IF APPLICABLE), FOR BOTH ADULTS AND CHILDREN.**

Do you have other questions or concerns and wish to schedule an appointment with the pastor? Yes No

Do you wish to receive **personalized offertory envelopes**? Yes No

Do you wish to receive **information about on-line giving**? Yes No

Opportunities to Share Your Gifts!

Saint Raphael Parish has many dedicated parishioners who share their time and talent with the greater parish community. There are many opportunities for parishioners to serve and share their talents. Please place a check mark next to the ministries you and/or your family members are interested in joining!

- Altar Server Sanctuary Guild Lector Sacristan Extraordinary Minister of Holy Communion
Minister to the Sick & Homebound Usher Music Ministry Children's Choir Bible Study
RCIA Religious Education Hospitality Knitting Group Book Group Prayer Chain
Bereavement Ministry Collection Counter Food Pantry Respect Life Knight of Columbus
Walking with Purpose Women's Ministry

<p>Child 1: Relationship to the head of the household: Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other <input type="checkbox"/> Last Name: _____ First: _____ MI: _____ DOB: ___/___/___ Ethnicity: _____ Gender: _____ Disability: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Religion: _____ Grade: _____ School: _____ Please indicate Sacraments received in the Catholic Church: Baptism <input type="checkbox"/>: Date & Place _____ Confirmation <input type="checkbox"/>: Date & Place _____ Holy Communion <input type="checkbox"/>: Date & Place _____</p>	<p>Child 2: Relationship to the head of the household: Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other <input type="checkbox"/> Last Name: _____ First: _____ MI: _____ DOB: ___/___/___ Ethnicity: _____ Gender: _____ Disability: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Religion: _____ Grade: _____ School: _____ Please indicate Sacraments received in the Catholic Church: Baptism <input type="checkbox"/>: Date & Place _____ Confirmation <input type="checkbox"/>: Date & Place _____ Holy Communion <input type="checkbox"/>: Date & Place _____</p>
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For Additional Family Members, please use a separate sheet of paper to include their information.