

Holy Rosary Parish Registration Form

911 Missouri Ave, Kansas City, MO 64106 (816) 842-5440

Please Print

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Emergency Phone: _____

Email: _____

DOB: _____ Single ___ Married ___ Widowed ___ Divorced ___

Occupation: _____

FAMILY MEMBERS

Spouse Name: _____ Catholic ___ Non-Catholic ___

DOB: _____ Anniversary Date: _____

Phone Number if different; _____

Occupation: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

List any talen/skills you would like to share with the parish (example: choir, Eucharistic Minister, lector, carpentry, etc.)

