

Saint Rita Catholic Church

**5550 E Lancaster Ave
Fort Worth, Texas 76112**

PH: (817)451-9395 EM: office@stritafw.org

OFFICE USE ONLY:

PDS _____ FAMILY ID#: _____
DATE: ___/___/___ INITIALS: _____

Becoming a member of St. Rita means becoming a member of our parish family, centered on the Eucharist, which makes one body of Christ. As an active member of our church you are able to request membership contribution (tithing) tax forms and membership letters (Sponsor, Immigration, Proof of Good Standing). We also offer member pricing for services and special events.

Date: ___/___/_____ Have you ever been registered here at St. Rita CC? Y or N If yes, # _____

Why are you becoming a member of our Parish? _____

Head of Household (Husband, if applicable) #1

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ___/___/_____ Phone Number: (____) _____ - _____ Email: _____

Address: _____ City: _____ State: _____ Zip code: _____

Marital Status: Civil Marriage Catholic Wedding Free Union Single Separated Divorced Widow(er)

Language(s): _____ Ethnicity: _____ Religion: _____ Gender: M or F

Date of Baptism: ___/___/_____ Date of 1st Communion: ___/___/_____ Date of Confirmation: ___/___/_____

Date of Marriage: ___/___/_____

Head of Household (Wife, if applicable) #2

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ___/___/_____ Phone Number: (____) _____ - _____ Email: _____

Marital Status: Civil Marriage Catholic Wedding Free Union Single Separated Divorced Widow(er)

Language(s): _____ Ethnicity: _____ Religion: _____ Gender: M or F

Date of Baptism: ___/___/_____ Date of 1st Communion: ___/___/_____ Date of Confirmation: ___/___/_____

Please list children (dependents) under the age of 18 living with you.

Dependent:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth: ___/___/_____ **Language(s):** _____ **Ethnicity:** _____

Religion: _____ **Gender: M or F** **Are you interested in Catechism for this dependent? Y or N**

Date of Baptism: ___/___/_____ **Date of 1st Communion:** ___/___/_____ **Date of Confirmation:** ___/___/_____

Dependent:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth: ___/___/_____ **Language(s):** _____ **Ethnicity:** _____

Religion: _____ **Gender: M or F** **Are you interested in Catechism for this dependent? Y or N**

Date of Baptism: ___/___/_____ **Date of 1st Communion:** ___/___/_____ **Date of Confirmation:** ___/___/_____

Dependent:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth: ___/___/_____ **Language(s):** _____ **Ethnicity:** _____

Religion: _____ **Gender: M or F** **Are you interested in Catechism for this dependent? Y or N**

Date of Baptism: ___/___/_____ **Date of 1st Communion:** ___/___/_____ **Date of Confirmation:** ___/___/_____

Dependent:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth: ___/___/_____ **Language(s):** _____ **Ethnicity:** _____

Religion: _____ **Gender: M or F** **Are you interested in Catechism for this dependent? Y or N**

Date of Baptism: ___/___/_____ **Date of 1st Communion:** ___/___/_____ **Date of Confirmation:** ___/___/_____