



FAMILY REGISTRATION FORM

St. Peter the Rock Catholic Church
 3594 Barnesville Highway • P. O. Box 280, The Rock, GA 30285

Office: 706 648-2599

Fax: 706 648-4040

Registration Date: _____ Registration #: _____

Family Name: _____ Maiden Name: _____

Address: _____ City: _____

Zip Code: _____ Subdivision: _____

Contact Name: _____

Telephone: _____ Email: _____

Please check: If you do not want your phone number, address or email in Parish Directory. Phone Number () Address () Email ()

Previous Parish: _____

Please note any special family needs: *(i.e. physically challenged, shut-ins, etc.)* _____

Emergency Contact *(Other than residence)*:

Name: _____ Relationship: _____ Telephone: _____

HEAD OF HOUSEHOLD INFORMATION

First Name: _____ **MI** _____ **Nickname:** _____ **Language:** _____

Work: _____ **Cell:** _____

Birth Date	M/F	Religion	Sacraments Received: please add complete date, if unknown check Baptism, Communion, Confirmation, Marriage, RCIA () () () () () ()	Occupation

Extent you practice your faith? () Regularly () Occasionally () Seldom () Never

Check all that apply:

Single () Married () Divorced () Annulment () Widowed () Anniversary Date: _____

If married, is this your first marriage? () Yes () No*

Were you married in the Catholic Church? () Yes () No*

*If you answered no to either of the above questions, please explain. _____

ADDITIONAL FAMILY INFORMATION

Spouse's Name: _____ **MI** _____ **Nickname:** _____ **Language:** _____

Work: _____ **Cell:** _____

Birth Date	M/F	Religion	Sacraments Received: please add complete date, if unknown check Baptism, Communion, Confirmation, Marriage, RCIA () () () () ()	Occupation
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Extent you practice your faith? () Regularly () Occasionally () Seldom () Never

Check all that apply:

Single () Married () Divorced () Annulment () Widowed () Anniversary Date: _____

If married, is this your first marriage? () Yes () No*

Were you married in the Catholic Church? () Yes () No*

*If you answered no to either of the above questions, please explain. _____

DEPENDENT INFORMATION (LIVING AT HOME)

If registering after June 1st, please indicate grade level entering in the fall.

Sacrament Dates: please add complete date, if unknown please check.

Name MI (Last, If Different)	Nickname	Birth Date	M/F	Grade	Catholic? Yes/No	Baptized (Date)	First Reconciliation? Yes/No	Holy Communion (Date)	Confirmation (Date)

Would you like to receive information about our religious education program? () Yes () No