

Parish Registration Form

{The information provided on this form will be used exclusively within the Church.}

St. Francis de Sales Catholic Church

321 N. Church Street ~ Robesonia, PA 19551

Phone: 610-693-5851 ~ Fax: 610-693-5852

Email: stfrancisrob82@verizon.net ~ www.stfrancisroby.org

Family (last) Name: _____

Name(s): _____

Street Address: _____

City/State/Zip: _____

Email: _____

Would you like to receive offertory envelopes? Yes No

Were you previously registered at another parish? Yes No

If yes, parish name: _____

Marriage Information:

Date: _____

Place: _____

Blessed by the Church? Yes No

Are there any special circumstances or information of which the parish should be aware?

Maiden Name: _____

Home Ph:() _____

Permission to publish number within the parish? Yes No

Location: _____

Any talents/expertise you would like to share with our parish?

Signature of person completing form _____

Date: _____

