

# Saint Rita of Cascia Catholic Church – Parish Membership Form

750 Old Indian Trail, Aurora, IL 50506 – Tel. (630) 892-5918

Date \_\_\_\_\_

### NAME & ADDRESS

Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip Code: \_\_\_\_\_  
 Phone # (Home/cell): \_\_\_\_\_ Would you like to be in the directory: Yes/ No

### Office Use Only

Registration #: \_\_\_\_\_ Registration Date: \_\_\_\_\_  
 Registered in PDS \_\_\_\_\_ Registered by: \_\_\_\_\_

Form revised 04/28/2016

Email: \_\_\_\_\_  
 Marital Status:  Single  Married  widow/widower  
 Mail:  English  Spanish

### Pledge of Financial Support to the Parish

I/we pledge to contribute: \$\_\_\_\_\_ weekly \$\_\_\_\_\_ monthly  
 Would you like to receive envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_

	Mother	Father	Child	Child	Child	Child	Child
Name							
Middle Name							
Last Day							
Maiden Name							
Gender (M/F)							
Religion							

### Birth

Date							
Place							
City/State/Country							

### Baptism

Date							
Place							
City/State/Country							

### First Communion

Date							
Place							
City/State/Country							

### Confirmation

Date							
Place							
City/State/Country							

### Marriage

Date							
Place							
City/State/Country							