disability
Someone in my home is unable to attend Mass and wish
to receive Communion.
Would like to inquire about becoming a Catholic.
Adult interested in receiving First Communion and/or
Confirmation.
Would like information on how to learn more about the
Catholic faith.
Would like information on how to register my child(ren
for Religious Instruction.
Would like information regarding St. Rose of Lima
School.
Interested in information about marriage annulment.
Interested in having my present marriage recognized in
the Catholic Church.
Would like a Priest to contact me by phone or email.
Other:

St. Rose of Lima Parish has a wide variety of Ministries here to serve you! Or, perhaps you would like to share your gifts and talents with the Parish. If you would like to be contacted to learn more about what is offered here at St. Rose of Lima or if you would like to volunteer at the parish, please check the box below, contact the rectory at 516.798.4992, or email: lindam@srolchurch.org

YES, Please have someone contact me!

Please

St. Rose of Lima Church

2 Bayview Avenue Massapequa, NY 11758 516.798.4992 www.srolchurch.org

PARISH CENSUS

Our Parish Vision

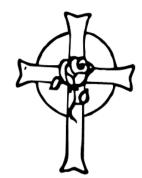
"God is Love," and transformed by the love of Jesus Christ in our lives, we actively seek to share His Peace with any and all who are searching for healing, acceptance, mercy, forgiveness, and the wonder of God's loving presence today.



Please complete this Census Form and return it to the parish by either:

- Mailing it in the enclosed envelope, or to the above address
- Bringing it to the rectory; we would love to meet you!
- Placing it in the collection basket at Mass

Following receipt of this completed form, you will be mailed a 'Welcome Packet' from the parish. Should you have any questions or would like to be contacted by someone from the parish, please do not hesitate to email lindam@srolchurch.org or call the rectory at 516.798.4992



ST. ROSE OF LIMA PARISH (516.798.4992)

How should mail be addressed to your home?

Chose One: Mr., Mrs., Ms., Miss, Mr. & Mrs.

Family Name: E-Mail:

City: State: Zip:

Male or Female

CENSUS NUMBER:	
Date of Completing Form:_	
Cell:	
ome Phone:	(_listedunlisted)
Maiden Name of Wife:	
(If app	licable)

Sacraments (Check if received)

Legal Name (First and Last) Relationship M/F Birth Date Religion Occupation Marital Status Baptism Communion Confirmation Please include SELF (see *below) Month/Day/ (see **below) Year 1. 6.

Please complete for all persons living in your home, INCLUDING YOURSELF. (Please attach additional sheet if needed)

Relationships: husband,	wife, widow.	widower, daughte	r, son, single adult	, single parent,	relative, friend.
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Best way to contact me: e-mail	\square cell phone \square home phone	postal mail
	(Please check your preference)	

Please mail completed form to: St. Rose of Lima Rectory 2 Bayview Avenue Massapequa, NY 11758

Envelope #_____

So that we may better serve you, please complete the back of this card... (OVER)

^{**} Marital Status: single, Catholic marriage, civil marriage, separated, divorced, divorced & remarried, married in another denomination.