

**PARISH COMMUNITY OF  
ANNUNCIATION B.V.M.**  
Philadelphia, PA



**the National Shrine  
of St. Rita of Cascia**  
Augustinian Province of St. Thomas of Villanova

## Annunciation B.V.M. Parishioner Registration

Place this completed form in a collection basket, bring/mail it to the Shrine office (1166 S. Broad Street, Philadelphia, PA 19146), or bring/mail it to Annunciation BVM office (1511 S. 10th Street, Philadelphia, PA 19147). Please note that the National Shrine of St. Rita of Cascia is a part of Annunciation BVM Parish.

### *Registrant*

✚ Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Sacraments received	Church/Location	Date Received
_____	_____	_____
_____	_____	_____

### *Spouse*

✚ Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

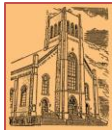
Date of Birth \_\_\_\_\_ Email \_\_\_\_\_ Occupation \_\_\_\_\_

Sacraments received	Church/Location	Date Received
_____	_____	_____
_____	_____	_____

### *Children*

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_

Sacraments received	Church/Location	Date Received
_____	_____	_____
_____	_____	_____



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2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_

Sacraments received \_\_\_\_\_ Church/Location \_\_\_\_\_ Date Received \_\_\_\_\_

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3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_

Sacraments received \_\_\_\_\_ Church/Location \_\_\_\_\_ Date Received \_\_\_\_\_

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4. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_

Sacraments received \_\_\_\_\_ Church/Location \_\_\_\_\_ Date Received \_\_\_\_\_

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***Others in Household***

✚ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relation \_\_\_\_\_

Sacraments received \_\_\_\_\_ Church/Location \_\_\_\_\_ Date Received \_\_\_\_\_

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✚ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relation \_\_\_\_\_

Sacraments received \_\_\_\_\_ Church/Location \_\_\_\_\_ Date Received \_\_\_\_\_

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