Saint Rafka Church Registration Form

Welcome to Saint Rafka Church. We are blessed to have you as part of our parish family. Please complete this form so we may better serve you spiritually and pastorally.

All information provided is confidential and used solely for parish records, sacramental preparation, and parish communication.

1. Family Information

Family Last Name:

_____

Household Preferred Name:

_____

Full Name (Title, First Name, Last Name):

_____

Address (Street, City, State, Zip Code):

_____

Home Phone Number:

_____

Cell Phone Number:

_____

Email Address:

_____

Occupation:

_____

Preferred Communication Language:

_____

Preferred Communication Method:

☐ Email ☐ Text Message ☐ Phone Call ☐ Postal Mail

Number of Adults in Household: _____

Number of Children in Household: _____

2. Sacramental Information

Date of Birth (Month, Day, Year):

_____

Church Affiliation / Rite:

_____

Date of Baptism:

_____

Place of Baptism (Church, City, Country):

_____

Date of Confirmation:

_____

Place of Confirmation (Church, City, Country):

_____

3. Marital Information

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Other

Marriage Date:

_____

Marriage Church (Name, City, Country):

_____

Spouse Full Name (including Maiden Name):

_____

Spouse Date of Birth:

_____

Spouse Rite / Church Affiliation:

_____

Spouse Occupation:

_____

Spouse Cell Number:

_____

Spouse Email:

_____

4. Children Information

Please list children under the age of 18 years.

Child Name	Gender	Date of Birth	Baptism Date	Baptism Church	School Grade

5. Parish Life & Ministries

I would like information about the following ministries and activities:

☐ Choir
☐ Religious Education
☐ Youth Ministry / MYO
☐ Bible Study
☐ Altar Servers
☐ Volunteer Opportunities
☐ Hospitality Committee
☐ Legion of Mary
☐ Social Events
☐ Other

6. Talents & Volunteer Interests

Please share any talents, professions, or areas where you may wish to volunteer.

☐ Accounting / Finance
☐ Teaching / Education
☐ Technology / IT
☐ Construction / Maintenance
☐ Event Planning
☐ Music / Choir
☐ Cooking / Hospitality
☐ Youth Mentoring
☐ Administrative Help
☐ Other

Additional Notes:

_____

_____

7. Emergency Contact

Emergency Contact Name:

_____

Relationship:

_____

Emergency Contact Phone Number:

_____

Declaration

I certify that the information provided above is accurate to the best of my knowledge.

Signature: _____

Date: _____

Digital Application

Please scan the Following QRC or visit us on our website.

CONNECT WITH US

1215 South Hwy 14, Greer, SC 29650

SaintRafka.org

OFFICE NUMBER: 864-469-9119 EMAIL: Office@saintrafka.org

FACEBOOK facebook.com/strafka **INSTAGRAM** @saintrafkagreenville