

# *Welcome to Our Parish*

*Church of the Resurrection  
910 Boston Post Road  
Rye, New York 10580*

## **PARISH REGISTRATION**

Please print clearly

Title: \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Other

Name (First and Last) \_\_\_\_\_

Name of Spouse (First and Last) \_\_\_\_\_

Street Address: \_\_\_\_\_

Address (cont'd) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Child's Name	Birth Date	Baptized	Communion	Confirmation
--------------	------------	----------	-----------	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate your interests. Check as many as you wish:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Altar Server         | <input type="checkbox"/> RENEW          | <input type="checkbox"/> Choir              |
| <input type="checkbox"/> Coffee Hour          | <input type="checkbox"/> Weekday Lector | <input type="checkbox"/> Weekend Lector     |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Parish Council | <input type="checkbox"/> Rel. Ed Instructor |
| <input type="checkbox"/> Usher                | <input type="checkbox"/> Teen Club      | <input type="checkbox"/> Other _____        |

Areas not covered above that you are interested in participating in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please be assured this is confidential for our files only.  
Thank you for taking the time to fill this out.*

Date Rcvd: \_\_\_\_\_ Envelope # \_\_\_\_\_

*Please complete the form and call for an appointment to bring it to the Rectory: 914-967-0142.  
Or complete and mail to address above or fax directly to: 914-925-2751*