

Date of Registration: _____

ST. CECILIA CHURCH REGISTRATION FORM

Family Last Name

Marital Status: Single / Married / Separated / Divorced / Widowed

	Catholic?	Non-Catholic?	Date of Birth mm/dd/yyyy
Husband (first name) _____	C <input type="checkbox"/>	NC <input type="checkbox"/>	_____
Wife (first name) _____			
Wife (maiden name) _____	C <input type="checkbox"/>	NC <input type="checkbox"/>	_____

Salutation: Mr. & Mrs. / Mr. / Mrs. / Ms.

Mailing Address _____	Tel #: _____
Residential Address: _____ (if different)	_____

Occupation of Husband _____

Occupation of Wife _____

Date of Marriage _____ Church: _____

Previous Parish _____

Children:

first/middle/last	Date of Birth mm/dd/yyyy	Baptism Yes / No	First Communion Yes / No	Confirmation Yes / No
_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No	Yes / No

Parish Office Use Only:

Family # Assigned _____	Welcome Letter Mailed _____
Enter in Database _____	Mail Wkly Env (if available) _____
Add on Envelope List _____	Other _____