



ST. CECILIA

CATHOLIC CHURCH

NEW PARISHIONER REGISTRATION FORM

Family Name: _____

Home Address: _____ **City:** _____ **Zip Code:** _____

Household Phone Number: _____

Primary Household Contact: _____
First Name Middle Name Last Name (Maiden Name) Suffix

Date of Birth: _____ **Gender:** _____ **Occupation:** _____

Primary Email: _____ **Cell Phone:** _____

Work Phone: _____ **Religion:** _____ **Are you a convert:** _____

If you are not Catholic, are you interested in joining the Catholic Church? _____

Baptism Date & Location: _____

First Communion Date & Location: _____

Confirmation Date & Location: _____

Marital Status (check one): Single ____ Married ____ Separated ____ Divorced ____ Widowed ____ Homebound ____

Marriage Date: _____ **Church of the Ceremony:** _____

Address of the Church: _____ **Performed by:** _____

If divorced, are you in need of an annulment? _____

Are you currently registered at another parish? _____ **If so, where?** _____

Spouse: _____
Title First Name Middle Name Last Name (Maiden Name) Suffix

Date of Birth: _____ **Gender:** _____ **Occupation:** _____

Primary Email: _____ **Cell Phone:** _____

Work Phone: _____ **Religion:** _____ **Are you a convert:** _____

If you are not Catholic, are you interested in joining the Catholic Church? _____

Baptism Date & Location: _____

First Communion Date & Location: _____

Confirmation Date & Location: _____

Marital Status (check one): Single ____ Married ____ Separated ____ Divorced ____ Widowed ____ Homebound ____

Marriage Date: _____ **Church of the Ceremony:** _____

Address of the Church: _____ **Performed by:** _____

If divorced, are you in need of an annulment? _____

Are you currently registered at another parish? _____ **If so, where?** _____

OTHERS LIVING AT YOUR ADDRESS

Frist Name	Middle Name	Last Name	Suffix
Date of Birth: _____ . Gender: _____ . Relationship: _____			
Baptism Date & Location: _____			
First Communion Date & Location: _____			
Confirmation Date & Location: _____			
Attending School: _____ Grade? _____			
Attending PSR/CCD? _____ Grade? _____			

Frist Name	Middle Name	Last Name	Suffix
Date of Birth: _____ . Gender: _____ . Relationship: _____			
Baptism Date & Location: _____			
First Communion Date & Location: _____			
Confirmation Date & Location: _____			
Attending School: _____ Grade? _____			
Attending PSR/CCD? _____ Grade? _____			

Frist Name	Middle Name	Last Name	Suffix
Date of Birth: _____ . Gender: _____ . Relationship: _____			
Baptism Date & Location: _____			
First Communion Date & Location: _____			
Confirmation Date & Location: _____			
Attending School: _____ Grade? _____			
Attending PSR/CCD? _____ Grade? _____			

Frist Name	Middle Name	Last Name	Suffix
Date of Birth: _____ . Gender: _____ . Relationship: _____			
Baptism Date & Location: _____			
First Communion Date & Location: _____			
Confirmation Date & Location: _____			
Attending School: _____ Grade? _____			
Attending PSR/CCD? _____ Grade? _____			

OTHER INFORMATION

Emergency Contact and Phone Number: _____

Does your family want a subscription to the Messenger (our diocesan paper)? _____

If you have any specific skills, would you be willing to help occasionally? _____

Please list any talents, interests and/or Ministries you can provide? _____

Institutional Use Only

Date Completed Form Received: _____

Date Entered into Camino: _____

Archive for 3 years.