

ST. CECILIA'S PARISH REGISTRATION FORM

Welcome to your Parish Community!

Please PRINT providing full name and complete dates.

DATE:

NOTE: ALL INFORMATION PROVIDED IS HELD IN THE STRICTEST CONFIDENCE

Salutation:(Mr. & Mrs./Mr./Ms./etc) and Family Name:	Wife's Maiden Name:
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Complete Address:	Home Phone Number:	HIS work phone/ext.	HER work phone/ext.
		HIS cellphone number	HER cellphone number

Which Parish Ministries would you like to join:	Email Address:
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Parish Financial Support <input type="checkbox"/> Envelopes <input type="checkbox"/> No Envelopes needed <input type="checkbox"/> Automatic Withdrawal	I/We attend Mass on:
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Weekday Sat. 5:00pm Sun. 9:00am Sun. 11:00 am

Languages spoken (other than English):	Would you like a priest to visit your home Yes <input type="checkbox"/> No <input type="checkbox"/>
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Family Members (please indicate the role in your family) Husband(H) Wife(W) Son(S) Daughter(D) Other (O)	Birthday	Sacraments	Catholic	Please state occupation, talents, hobbies, interests and any other information that you <u>might</u> like to share with the Parish. Please note you are not committing to anything at this time.
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First Name	Last Name (if different)		Month	Day	Year	Baptism	Communion	Confirmation	Yes	No
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If you or your family has any special needs, spiritual needs or otherwise, please note them on the other side of this form. THANK YOU and WELCOME!