



Mailing Address: 1301 Sycamore Avenue, Tustin, California 92780
Tel: 714-544-3250 **Fax:** 714-838-1996 **Website:** www.stcecilia.org

PARISH REGISTRATION FORM

(Please Print)

Family Name: _____ Date: _____
(MM/DD/YYYY)

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Mr. (1st Name): _____ Date of Birth: _____
(MM/DD/YYYY)

Religion: _____ Occupation: _____

Baptized. Date: _____ 1st Communion. Date: _____ Confirmation. Date: _____
(MM/DD/YY) (MM/DD/YY) (MM/DD/YY)

Ms./Mrs.(1st Name): _____ Date of Birth: _____
(MM/DD/YYYY)

Religion: _____ Occupation: _____

Baptized. Date: _____ 1st Communion. Date: _____ Confirmation. Date: _____
(MM/DD/YY) (MM/DD/YY) (MM/DD/YY)

Marital Status: Catholic Church Married Married Single Divorced Widowed
(Check one only)

E-mail: _____

1st Name of Child/ren at home:

1. _____ Date of Birth: _____
 Baptized. Date: _____ 1st Communion. Date: _____ Confirmation. Date: _____
(MM/DD/YY) (MM/DD/YY) (MM/DD/YY)

2. _____ Date of Birth: _____
 Baptized. Date: _____ 1st Communion. Date: _____ Confirmation. Date: _____
(MM/DD/YY) (MM/DD/YY) (MM/DD/YY)

3. _____ Date of Birth: _____
 Baptized. Date: _____ 1st Communion. Date: _____ Confirmation. Date: _____
(MM/DD/YY) (MM/DD/YY) (MM/DD/YY)

(If more than 3, please write on back and indicate number here _____)

OFFICE USE ONLY
I.D. Envelope Number