



**ST. CECILIA CATHOLIC CHURCH**  
A LIVING SIGN OF GOD'S SAVING WORD

# PARISH REGISTRATION FORM

Thank for you taking the time to become a registered parishioner here at St. Cecilia and for becoming part of our parish family! Please inquire about the various ministries and opportunities available and it is our hope that St. Cecilia will be your "home away from home". **Please print neatly and verify all information below.**

## HOUSEHOLD INFORMATION

**Family Name:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City & State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Marital Status:**  Single     Married     Divorced     Widow    **Giving Method:**  Online     Envelope

**If you selected married, please select all that apply:**     Civilly     Within Catholic Church     Both

**Head of Household's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Gender:**  Male  Female

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Been Baptized?	Baptism Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			
Received FHC?	FHC Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			
Been Confirmed?	Confirmation Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			

**Spouse's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Gender:**  Male  Female

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Been Baptized?	Baptism Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			
Received FHC?	FHC Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			
Been Confirmed?	Confirmation Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			



**ST. CECILIA CATHOLIC CHURCH**  
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Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Gender:  Male  Female

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Been Baptized?	Baptism Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			
Received FHC?	FHC Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			
Been Confirmed?	Confirmation Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Gender:  Male  Female

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Been Baptized?	Baptism Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			
Received FHC?	FHC Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			
Been Confirmed?	Confirmation Date	Church Name	City & State
<input type="radio"/> Yes <input type="radio"/> No			

**EMERGENCY CONTACT INFORMATION**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Envelope ID # \_\_\_\_\_ Mailed Out Temporary Envelopes: Yes No

Entered in PDS System: Yes No Entered in Steward Soft System: Yes No

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_