



ST. CECILIA

CATHOLIC CHURCH

NEW PARISHIONER REGISTRATION FORM

Family Name: _____

Home Address: _____ City: _____ Zip Code: _____

Household Phone Number: _____

Primary Household Contact: _____

Frist 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? _____

Emergency Contact and Phone Number: _____

Spouse: _____

Title

Frist 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.