



# 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
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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: \_\_\_\_\_

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**Spouse:** \_\_\_\_\_

Title	Frist Name	Middle Name	Last Name	(Maiden Name)	Suffix
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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: \_\_\_\_\_

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

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? \_\_\_\_\_

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