

Date of Registration _____

Saint Cecilia Church New Family Registration Form

Family Last Name(s)

ADULT (first, middle, last name) _____ DOB: ____/____/____
 Maiden Name (If applicable) _____ Cell Number: _____ Email: _____
 Occupation: _____ Are you Catholic? _____ Other Faith? _____

ADULT (first, middle, last name) _____ DOB: ____/____/____
 Maiden Name (If applicable) _____ Cell Number: _____ Email: _____
 Occupation: _____ Are you Catholic? _____ Other Faith? _____

Mailing Address: _____

Residential Address (If different from Mailing Address): _____

Home Phone Number _____ Previous Parish: _____ Have you notified them? _____

Marital Status: Single / Married / Separated / Divorced / Widowed

If Applicable: Date of Marriage ____/____/____ Church _____

First/Middle/Last Name	Date of Birth MM/DD/YYYY	Baptism	First Communion	Confirmation
CHILDREN (UNDER 18 YEARS OF AGE)				
_____	____/____/____	Yes / No	Yes / No	Yes / No
_____	____/____/____	Yes / No	Yes / No	Yes / No
_____	____/____/____	Yes / No	Yes / No	Yes / No
_____	____/____/____	Yes / No	Yes / No	Yes / No
_____	____/____/____	Yes / No	Yes / No	Yes / No
_____	____/____/____	Yes / No	Yes / No	Yes / No

Parish Office Use Only:

Family Number Assigned _____

Welcome Letter Mailed _____

Enter in DB _____ Envelope List _____

ACA /Mirror _____

Bulletin _____