



St. Cecilia Catholic Church

Parish Registration

FAMILY LAST NAME _____

STREET ADDRESS _____

CITY AND ZIP _____

MAILING ADDRESS _____

(If different from above)

WOULD YOU LIKE OFFERTORY ENVELOPES? YES _____ NO _____

DO YOU PREFER ELECTRONIC FUNDS TRANSFER? YES _____ NO _____

PRIMARY PHONE # _____ OTHER PHONE # _____

EMAIL 1: _____

EMAIL 2: _____

WOULD YOU LIKE TO RECEIVE EMAILS ABOUT PARISH NEWS? YES _____ NO _____

WOULD YOU LIKE INFORMATION FOR YOUTH FAITH FORMATION? YES _____ NO _____

WOULD YOU LIKE INFORMATION ABOUT ST. CECILIA CATHOLIC SCHOOL? YES _____ NO _____

FAMILY INFORMATION:

LAST	FIRST	MIDDLE	MARITAL STATUS	M/F	DOB	RELIGION	BAPTIZED	1 ST COMM	CONFIRMED	OCCUPATION
							Y / N	Y / N	Y / N	
							Y / N	Y / N	Y / N	

DEPENDENT CHILDREN LIVING AT HOME:

LAST	FIRST	MIDDLE	NICKNAME	M/F	DOB	RELIGION	BAPTIZED	1 ST COMM	CONFIRMED	SCHOOL
							Y / N	Y / N	Y / N	
							Y / N	Y / N	Y / N	
							Y / N	Y / N	Y / N	
							Y / N	Y / N	Y / N	
							Y / N	Y / N	Y / N	

PARISH WEBSITE: www.saintcparish.org

Office Use Only:
 Date Rec'd: _____
 PDS: _____
 SCCS _____ FF _____