



Saint Cecilia Parish

Registration Form

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 FUNDSTRANSFER? YES _____ NO _____

HOME PHONE # _____

CELL HUSBAND: _____

CELL WIFE: _____

EMAIL HUSBAND: _____

EMAIL WIFE: _____

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	

Return your completed form to the Parish Office during office hours (open Mon-Fri, 8:30am-4:30pm), via U.S. mail, or in the collection basket at Mass.

PARISH WEBSITE: www.saintcparish.org

Office Use Only: Date Rec'd: _____
 CMS _____ SCCS _____
 FF _____ MC _____
 Giving Number _____