Date: \_\_\_\_ /\_\_\_\_ / 20\_\_\_\_ St. Cecelia Registration

***For Office Use Only:***

**Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial Here \_\_\_\_\_\_\_**

**In PS \_\_\_ Bulletin \_\_\_ Welcome Call \_\_\_\_**

**Wil \_\_\_ Letter \_\_\_ Env # (if req.) \_\_\_\_\_\_\_**

❑ New Member ❑ Updating my info ❑ Sacrament / Religious Ed only ❑ I belong to another parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Status: [ ]  Married [ ]  Single [ ]  Separated [ ]  Divorced [ ]  Widow / er**

**My Name:** (circle one) **Mr. / Mrs. / Ms. Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Spouse:** (circle one) **Mr. / Mrs. Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK ONE:** This is my ❑Husband ❑ Wife ❑Boyfriend ❑Girlfriend ❑Fiancee ❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. or Unit #\_\_\_\_\_\_\_\_\_\_\_\_ City / State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (Not Spouse): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like to receive church envelopes?Q [ ]  YES [ ]  NO Would you like to sign up for Online Giving? Q [ ]  YES [ ]  NO**

\_\_

**For each family member living in your household (including those listed above), fill in the information below. For additional information please use a second form.**

# READ DOWN HEAD OF HOUSEHOLD SPOUSE CHILD CHILD CHILD CHILD

# First Name

# Middle Name

**MAIDEN NAME**

# Last Name if Different

# Religion

# Languages Spoken

# Occupation – Present or Previous

# Place of Employment

# Business Phone & Extension

# School Child Attends

# Grade or Degree: K, 1-12, AA, etc.

# Sex M F M F M F M F M F M F

# Date of Birth / / / / / / / / / / / /

# Baptism YES NO YES NO YES NO YES NO YES NO YES NO

# First Communion YES NO YES NO YES NO YES NO YES NO YES NO

# Confirmation YES NO YES NO YES NO YES NO YES NO YES NO

# Date of Marriage / / / / / / / / / / / /