Date: ____ /____ / 20____

St. Cecelia Registration

For Office Use Only:
Date ____/____/____ Initial Here _____
In PS ___ Bulletin ___ Welcome Call _____
Wil ___ Letter ___ Env # (if req.) _____
Instaset sent /date _____ Vol Excel List__

❑ New Member ❑ Updating my info ❑ Sacrament / Religious Ed only ❑ I belong to another parish_____

Family Status: ☐ **Married** ☐ **Single** ☐ **Separated** ☐ **Divorced** ☐ **Widow / er** ☐ Active ☐ Contributor

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? ☐ **YES** ☐ **NO** **Would you like to sign up for Online Giving?** ☐ **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						
Last Name if Different		MAIDEN NAME				
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	/ /	/ /	/ /	/ /	/ /	/ /