#_____

St. Cecelia Registration Form

Your Name: _____ ☐ Jr. ☐ Sr. ☐ II ☐ III

Spouse: _____ Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

CHECK ONE: This is my Husband ❑ Wife ❑ Boyfriend ❑ Girlfriend ❑ Fiancee ❑ Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

For Office Use Only:

Date _____/_____/_____ ***Initial Here*** _____

In PDS ____ ***Bulletin:*** ____ ***Welcome Call:*** _____

Newcomer Letter: _____ ***Envs. (if req.)*** _____

Apt. or Unit #_____ Street Address:_____ City / State: _____ Zip: _____

Primary Phone: (_____) _____-_____ ☐ Unlisted Secondary Phone: (_____) _____-_____ ☐ Unlisted

Family Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widow / er

Would you like to receive church envelopes? ☐ YES ☐ NO

Email Address: _____

If you live alone, please list emergency contact: Name:_____ Relationship: _____ Phone: (_____) _____-_____

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	SPOUSE	CHILD	CHILD	CHILD	CHILD
First Name						
Last Name if Different		(wife's maiden name)				
Religion						
Handicap						
Languages Spoken						
Occupation – Present or Previous						
Place of Employment						
Business Phone & Extension						
School Child Attends						
Current Grade or Degree Held: K, 1-12, AA, BA, BS, MD, PhD						
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	/ /	/ /	/ /	/ /	/ /	/ /