

Cathedral of St. Francis of Assisi

Confidential Parish Registration

Registration Date: _____

Family ID: _____

Last Name: _____

Street Address: _____ Zip: _____

Home Phone: _____ Unlisted? Cell Phone: _____

E-Mail Address: _____

MALE/HEAD OF HOUSEHOLD

First Name _____

Date of Birth: _____

Religion: _____

Ethnicity: _____

Occupation: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

Matrimony: Date _____

Married by Catholic Priest/Deacon? Yes _____ No _____

Church/City where married: _____

Current Marital Status:

Single Married Divorced Widowed

FEMALE/SPOUSE/HEAD OF HOUSEHOLD

First Name _____

Maiden: _____

Date of Birth: _____

Religion: _____

Ethnicity: _____

Occupation: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

Matrimony: Date _____

Married by Catholic Priest/Deacon? Yes _____ No _____

Church/City where married: _____

Current Marital Status:

Single Married Divorced Widowed

DEPENDENT - #1

Full Name _____

Gender: Male Female

Date of Birth: _____

Religion: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

RELIGIOUS INSTRUCTION

RCIA SFC – CCD SFC

DEPENDENT - #2

Full Name _____

Gender: Male Female

Date of Birth: _____

Religion: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

RELIGIOUS INSTRUCTION

RCIA SFC – CCD SFC

Cathedral of St. Francis of Assisi

Confidential Parish Registration (cont.)

DEPENDENT - #3

Full Name _____

Gender: Male Female

Date of Birth: _____

Religion: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

RELIGIOUS INSTRUCTION

RCIA SFC – CCD SFCS

DEPENDENT - #4

Full Name _____

Gender: Male Female

Date of Birth: _____

Religion: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

RELIGIOUS INSTRUCTION

RCIA SFC – CCD SFCS

DEPENDENT - #5

Full Name _____

Gender: Male Female

Date of Birth: _____

Religion: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

RELIGIOUS INSTRUCTION

RCIA SFC – CCD SFCS

DEPENDENT - #6

Full Name _____

Gender: Male Female

Date of Birth: _____

Religion: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

RELIGIOUS INSTRUCTION

RCIA SFC – CCD SFCS

Name of Parish you are currently attending: _____

City/State: _____

How often do you attend Mass: Weekly Occasionally Seldom

How often do you receive Communion: Weekly Occasionally Seldom