



SAINT CECILIA

CATHOLIC CHURCH

Registration Form

Family Last Name _____ Home

Phone _____

Address

_____ (Street and/or P.O. Address)

City

Zip

Head of Household

First Name _____ Middle _____ Maiden Name

Date of Birth _____ Sex _____ Marital Status

Religion _____ Occupation

Work Phone _____ Cell _____ Email Address

Sacraments (Please list date and church where sacrament occurred. If info not available, please indicate yes or no).

Baptism _____ First Communion

Confirmation _____ Marriage

Spouse

First Name _____ Middle _____ Maiden Name

Date of Birth _____ Sex _____ Marital Status

Religion _____ Occupation

Children Living at Home

First Name _____ Middle _____ Last Name _____ -

(If different than parents)

Date of Birth _____ Sex _____ Religion _____

School _____ Grade _____ Enrolled in Religious Ed Y / N

Sacraments (Please list date and church where sacrament occurred. If information is not available, please indicate yes or no).

Baptism _____ First Communion _____

Confirmation _____

First Name _____ Middle _____ Last Name _____

(If different than parents)

Date of Birth _____ Sex _____ Religion _____

School _____ Grade _____ Enrolled in Religious Ed Y / N

Sacraments (Please list date and church where sacrament occurred. If information is not available, please indicate yes or no).

Baptism _____ First Communion _____

Confirmation _____

First Name _____ Middle _____ Last Name _____

(If different than parents)

Date of Birth _____ Sex _____ Religion _____

School _____ Grade _____ Enrolled in Religious Ed Y / N