



2020 PARISH REGISTRATION

*Information provided below is considered CONFIDENTIAL and is used only for communication purposes by the office.
 Please put in an envelope and place in the collection basket or return by mail to the parish office.*

Please Print

Today's Date: _____

Mark all sacraments received, give the year of the sacrament if you don't know the date. Please complete Church and City information

Mailing Address: *(Please print all information and fill out as you wish mail addressed to you) (ie M/M first name, last name)*

Family Name: _____ Home Phone: _____ Unlisted () _____

Address: _____ City: _____ State: _____ Zip: _____

Are you new to the area () Yes () No Transferring from _____
 (Name of Parish and City)

Head of Household Information: Religion: _____ **Ethnicity:** _____ **Language:** _____

Name _____ Sex: () M () F Date of Birth _____
First/Middle/Last preferred name (xx/xx/xxxx)

Cell Phone # _____ Text # _____ Email _____

Occupation: _____ Employer: _____

Note: Please give year of sacrament if you don't know the date. Please complete Church and City information

Marital Status: Married in the Catholic Church () Civil () Other: _____ Maiden Name _____

Single () Widower () Divorced () Annulled () – Annulment Date _____

Marriage Date: _____ **Church** _____ **City** _____

Baptism () Convert ()	First Confession ()	Eucharist: ()	Confirmation: ()
Date: _____	Date: _____	Date: _____	Date _____
Church: _____	Church: _____	Church: _____	Church _____
City: _____	City: _____	City: _____	City _____

You will be automatically registered as a parishioner to our online communication and parish directory in "REALM". To opt out of text messages check here (). To facility communications to our parishioners please provide primary email address. If you unsubscribe to email; parish events and news will not come to you.

Spouse Information: Religion: _____ **Ethnicity:** _____ **Language:** _____

Name _____ Sex: () M () F Date of Birth _____
First/Middle/Last preferred name (xx/xx/xxxx)

Cell Phone # _____ Text # _____ Email _____

Occupation: _____ Employer: _____

Note: Please give year of sacrament if you don't know the date. Please complete Church and City information

Marital Status: Married in the Catholic Church () Civil () Other () _____ Maiden Name _____

Single () Widower () Divorced () Annulled () Annulment Date: _____

Marriage Date: _____ **Church** _____ **City** _____

Baptism () Convert ()	First Confession ()	Eucharist: ()	Confirmation: ()
Date: _____	Date: _____	Date: _____	Date _____
Church: _____	Church: _____	Church: _____	Church _____
City: _____	City: _____	City: _____	City _____

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Please Print

Anyone living with you over the age of 18 years old? Please provide name and relationship.

Please use a new form to register these individuals as parishioners at St. Mary Cathedral (if they are away at college and still living at home please complete the child form)

Does any member or your household have a disability?

List Name and Disability

List Name and Disability

Do you have any needs that the parish is not meeting?

Do you need to talk to a priest () Yes () No



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1st child (Children living at home or away at College, if 18 years or older and not at college please register as a Parishioner)
 Name _____ Sex: () M () F Date of Birth _____
First, Middle, Last Preferred Name (xx/xx)

Grade in School _____ Attending Religious Education () Yes () No Grade _____
 School attending _____ Interested in more information on Religious Education () Yes () No

Religion: Catholic: () Other: _____

Mark all sacraments received, give the year of the sacrament if you don't know the date. Please complete Church and City information.

Baptism () Convert ()	First Confession ()	Eucharist: ()	Confirmation: ()
Date: _____	Date: _____	Date: _____	Date _____
Church: _____	Church: _____	Church: _____	Church _____
City: _____	City: _____	City: _____	City _____

2nd child
 Name _____ Sex: () M () F Date of Birth _____
First, Middle, Last Preferred Name (xx/xx/xxxx)

Grade in School _____ Attending Religious Education () Yes () No Grade _____
 School attending _____ Interested in more information on Religious Education () Yes () No

Religion: Catholic: () Other: _____

Mark all sacraments received, give the year of the sacrament if you don't know the date. Please complete Church and City information.

Baptism () Convert ()	First Confession ()	Eucharist: ()	Confirmation: ()
Date : _____	Date: _____	Date: _____	Date _____
Church: _____	Church: _____	Church: _____	Church _____
City: _____	City: _____	City: _____	City _____

3rd Child
 Name _____ Sex: () M () F Date of Birth _____
First, Middle, Last Preferred Name (xx/xx/xxxx)

Grade in School _____ Attending Religious Education () Yes () No Grade _____
 School attending _____ Interested in more information on Religious Education () Yes () No

Religion: Catholic: () Other: _____

Mark all sacraments received, give the year of the sacrament if you don't know the date. Please complete Church and City information.

Baptism () Convert ()	First Confession ()	Eucharist: ()	Confirmation: ()
Date: _____	Date: _____	Date: _____	Date _____
Church: _____	Church: _____	Church: _____	Church _____
City: _____	City: _____	City: _____	City _____



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4th child

Name _____ Sex: () M () F Date of Birth _____
First, Middle, Last Preferred Name (xx/xx)

Grade in School _____ Attending Religious Education () Yes () No Grade _____

School attending _____ Interested in more information on Religious Education () Yes () No

Religion: Catholic: () Other: _____

Mark all sacraments received, give the year of the sacrament if you don't know the date. Please complete Church and City information.

Baptism () Convert ()	First Confession ()	Eucharist: ()	Confirmation: ()
Date: _____	Date: _____	Date: _____	Date _____
Church: _____	Church: _____	Church: _____	Church _____
City: _____	City: _____	City: _____	City _____

5th child

Name _____ Sex: () M () F Date of Birth _____
First, Middle, Last Preferred Name (xx/xx/xxxx)

Grade in School _____ Attending Religious Education () Yes () No Grade _____

School attending _____ Interested in more information on Religious Education () Yes () No

Religion: Catholic: () Other: _____

Mark all sacraments received, give the year of the sacrament if you don't know the date. Please complete Church and City information.

Baptism () Convert ()	First Confession ()	Eucharist: ()	Confirmation: ()
Date : _____	Date: _____	Date: _____	Date _____
Church: _____	Church: _____	Church: _____	Church _____
City: _____	City: _____	City: _____	City _____

6th child (Please use additional forms if needed)

Name _____ Sex: () M () F Date of Birth _____
First, Middle, Last Preferred Name (xx/xx/xxxx)

Grade in School _____ Attending Religious Education () Yes () No Grade _____

School attending _____ Interested in more information on Religious Education () Yes () No

Religion: Catholic: () Other: _____

Mark all sacraments received, give the year of the sacrament if you don't know the date. Please complete Church and City information.

Baptism () Convert ()	First Confession ()	Eucharist: ()	Confirmation: ()
Date: _____	Date: _____	Date: _____	Date _____
Church: _____	Church: _____	Church: _____	Church _____
City: _____	City: _____	City: _____	City _____