## ST. MARY CATHEDRAL AND ST. ANN CHURCH PASTORATE



## A Pastorate of the Catholic Diocese of Lafayette-in-Indiana

Cathedral of St. Mary of the Immaculate Conception 1212 South Street Lafayette, IN 47901 (765) 742-4440



St. Ann Church and Shrine 612 Wabash Avenue Lafayette, IN 47905 (765) 742-7031



saintmarycathedral.org

stannlafayette.org

## 2021 PASTORATE REGISTRATION FORM

The information provided below is CONFIDENTIAL and is used only for communication purposes by the office and the Diocese.

Please put in an envelope and place in the collection basket or return by mail to the parish office.

Parish of Registration: ( ) St. Mary Ca	ral ( ) St. Ann Church	Today's Date:		
Please Print				

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:	Hom	ne Phone:		( )Unlisted
Address:	C	City:	_State:	_Zip:
Are you new to the area ( ) Y	es ( ) No Transferri	ing from(Name of Parish	h and City)	
Head of Household Information:	: Religion:			
Name:				
First/Middle/Last Home Phone #	preferred nan Cell Phone #			(xx/xx/xxxx)
Occupation:	E1	mployer:		
Note: Please give year of sacrament	t if you don't know the da	te. Please complete Chur	ch and City	<u>information</u>
Marital Status: ( )Marriage bless	ed by the Catholic Churc	ch ( ) Civil Marriage	Date:	
( )Single ( ) Widower ( ) Divorce	ed ( ) Decree of Nullity	Maiden Name		
( )Baptism ( ) Profession of Faith	( ) Eucharist:	( )Confirmation:	( ) Mar	riage
Date:	Date:	Date:	_ Date: _	
Church:	Church:	Church:	_ Church:	
City:	City:	City:	City:	
Vou will be automatically registered	l as a narishioner to our or	lline communication and	narish dirac	tory in "RFALM"

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

Spouse Information: Religion:	Lanor	iages Snoken·		
Name			Date of Birth	
First/Middle/Last	preferred na	ime	(xx/xx/xxxx)	
Home Phone #				
Occupation:	F	Employer:		
Note: Please give year of sacrament	•	<del>-</del>	<del>.</del>	
Marital Status: ( )Marriage bless				
( )Single ( ) Widower ( ) Divorce	ed ( ) Decree of Nullity	Maiden Name		
( ) Baptism ( ) Profession of Faith	( ) Eucharist:	( ) Confirmation:	( ) Marriage	
Date:	Date:	Date:	Date:	
Church:	Church:	Church:	Church:	
City:	City:	City:	City:	
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 with the preferred parish (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				

1 <sup>st</sup> child (Children living at home or away <u>separately</u> )	at College, if 18 years or older and	d not at college please register as a Parishion	er
NameFirst, Middle, Last	Sex: ( )	) M ( ) F Date of Birth	
First, Middle, Last Grade in School		tion ( ) Yes ( ) No Grade	
School attending		gious Education ( ) Yes ( ) No	
	_		
Religion: ( ) Catholic: ( ) Other:		now the date. Please complete Church and Ci	:4-,
information.	ir of the sacrament if you don't ki	iow the date. Flease complete Church and Ci	щу
( ) Baptism ( ) Profession of Faith	( ) First Eucharist:	( ) Confirmation:	
Date:	Date:	Date:	
Church:	Church:	Church:	
City:	City:	City:	
2 <sup>nd</sup> child			
NameFirst Middle Lest	Drafamad Nama	) M ( ) F Date of Birth (xx/xx/xxxx)	
Grade in School	Attending Religious Education ( ) Yes ( ) No Grade		
School attending	Need information on Religious Education ( ) Yes ( ) No		
Daligian ( ) Cathalia ( ) Othan			
information.		now the date. Please complete Church and Ci	ity
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith	( ) First Eucharist:	( ) Confirmation:	ity
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date:	( ) First Eucharist:  Date:	( ) Confirmation: Date:	ity
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith	( ) First Eucharist:  Date:  Church:	( ) <b>Confirmation</b> :  Date: Church:	ity
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date:	( ) First Eucharist:  Date:	( ) <b>Confirmation</b> :  Date: Church:	ity
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date:  Church:  City:  3rd child	( ) First Eucharist:  Date: Church: City:	( ) Confirmation:  Date: Church: City:	
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date:  Church:  City:  3rd child	( ) First Eucharist:  Date: Church: City:	( ) Confirmation:  Date: Church: City:	
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date:  Church:  City:  3rd child	( ) First Eucharist:  Date: Church: City: Sex: ( )	( ) <b>Confirmation</b> :  Date: Church:	_
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date: Church: City:  3rd child  Name First, Middle, Last	( ) First Eucharist:  Date: Church: City: Sex: ( ) Preferred Name Attending Religious Educa	( ) Confirmation:  Date: Church: City:  ) M ( ) F Date of Birth (xx/xx/xxxx)	_
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date:  Church:  City:  Srd child  Name  First, Middle, Last  Grade in School  School attending  Religion: ( ) Catholic: ( ) Other:	( ) First Eucharist:  Date: Church: City: Sex: ( ) Preferred Name Attending Religious Educa Need information on Relig	( ) Confirmation:  Date: Church: City:  ) M ( ) F Date of Birth (xx/xx/xxxx)  tion ( ) Yes ( ) No Grade	
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date: Church: City:  3rd child  Name First, Middle, Last  Grade in School School attending Religion: ( ) Catholic: ( ) Other: Mark all sacraments received, give the year	( ) First Eucharist:  Date: Church: City: Sex: ( ) Preferred Name Attending Religious Educa Need information on Relig	( ) Confirmation:  Date: Church: City:  OM() F Date of Birth (xx/xx/xxxx)  tion() Yes() No Grade gious Education() Yes() No	
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date:	( ) First Eucharist:  Date: Church: City: Sex: ( ) Preferred Name Attending Religious Educa Need information on Relig	( ) Confirmation:  Date: Church: City:  OM() F Date of Birth (xx/xx/xxxx)  tion() Yes() No Grade gious Education() Yes() No  now the date. Please complete Church and Ci	
Mark all sacraments received, give the year information.  ( ) Baptism ( ) Profession of Faith  Date:	( ) First Eucharist:  Date:Church:Sex: ( )  Preferred Name Attending Religious Educa Need information on Religionary Education on Religionary Education on Religionary Education on Religionary Education ( ) First Eucharist:	( ) Confirmation:  Date: Church: City:  OM() F Date of Birth (xx/xx/xxxx)  tion() Yes() No Grade gious Education() Yes() No  now the date. Please complete Church and Ci  ( ) Confirmation: Date:	

4th child	C	()M()E D.4 CD:41	
NameFirst, Middle, Last	Preferred Name	ex: ( ) M ( ) F Date of Birth	
Grade in School	Attending Paligious	Education ( ) Vac ( ) No Grada	
	Attending Religious Education ( ) Yes ( ) No Grade  Need information on Religious Education ( ) Yes ( ) No		
School attending	Need information on	Religious Education ( ) Tes ( ) No	
Religion: ( ) Catholic: ( ) Other:			
	the year of the sacrament if y	ou don't know the date. Please complete Church	
<ul><li>and City information.</li><li>( ) Baptism ( ) Profession of Faith</li></ul>	( )First Eucharist:	( ) Confirmation:	
Date:	Date:	Date:	
Church:	Church:		
City:	City:		
5th child			
Name	S	ex: ( ) M ( ) F Date of Birth	
First, Middle, Last	Preferred Name	(xx/xx/xx)	
Grade in School	Attending Religious Education ( ) Yes ( ) No Grade		
School attending Need information on Religious Education ( ) Yes ( ) No			
Religion: ( ) Catholic: ( ) Other:			
		ou don't know the date. Please complete Church	
<ul><li>and City information.</li><li>( ) Baptism ( ) Profession of Faith</li></ul>		( ) Confirmation:	
Date:	Date:		
Church:	Church:	Church:	
City:	City:	City:	
6th child (Please use additional form Name		ex: () M () F Date of Birth	
NameFirst, Middle, Last	Preferred Name	ex: () M () F Date of Birth(xx/xx/xx)	
Grade in School	Attending Religious	Education ( ) Yes ( ) No Grade	
School attending	Need information on	Religious Education ( ) Yes ( ) No	
Religion: ( ) Catholic: ( ) Other:			
Mark all sacraments received, give tand City information.	the year of the sacrament if y	ou don't know the date. Please complete Church	
( ) Baptism ( ) Profession of Faith	( )First Eucharist:	( ) Confirmation:	
Date:	Date:	Date:	
Church:	Church:		
City:	City:		