

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 Cathedral () 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: _____ 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: _____ Languages Spoken: _____

Name: _____ Sex: () M () F Date of Birth _____

First/Middle/Last

preferred name

(xx/xx/xxxx)

Home Phone # _____ Cell Phone # _____ Email _____

Occupation: _____ Employer: _____

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

Marital Status: () Marriage blessed by the Catholic Church () Civil Marriage Date: _____

() Single () Widower () Divorced () Decree of Nullity Maiden Name _____

() Baptism () Profession of Faith () Eucharist: () Confirmation: () Marriage

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 email messages check here (). If you unsubscribe to email; parish events and news will not come to you.

Spouse Information: Religion: _____ **Languages Spoken:** _____

Name _____ Sex: () M () F Date of Birth _____

First/Middle/Last

preferred name

(xx/xx/xxxx)

Home Phone # _____ Cell Phone # _____ Email _____

Occupation: _____ Employer: _____

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

Marital Status: () Marriage blessed by the Catholic Church () Civil Marriage Date: _____

() Single () Widower () Divorced () Decree of Nullity Maiden Name _____

() **Baptism** () **Profession of Faith** () **Eucharist:** () **Confirmation:** () **Marriage**

Date: _____ Date: _____ Date: _____ Date: _____

Church: _____ Church: _____ Church: _____ Church: _____

City: _____ City: _____ City: _____ City: _____

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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

1st child (Children living at home or away at College, if 18 years or older and not at college please register as a Parishioner separately)

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 _____ Need 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.

<input type="checkbox"/> Baptism	<input type="checkbox"/> Profession of Faith	<input type="checkbox"/> First Eucharist:	<input type="checkbox"/> 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 _____ Need 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.

<input type="checkbox"/> Baptism	<input type="checkbox"/> Profession of Faith	<input type="checkbox"/> First Eucharist:	<input type="checkbox"/> 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 _____ Need 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.

<input type="checkbox"/> Baptism	<input type="checkbox"/> Profession of Faith	<input type="checkbox"/> First Eucharist:	<input type="checkbox"/> Confirmation:
Date: _____	Date: _____	Date: _____	Date: _____
Church: _____	Church: _____	Church: _____	Church: _____
City: _____	City: _____	City: _____	City: _____

4th child

Name _____ Sex: () 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: _____

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

() **Baptism** () **Profession of Faith** () **First Eucharist:** () **Confirmation:**
 Date: _____ Date: _____ Date: _____
 Church: _____ Church: _____ Church: _____
 City: _____ City: _____ City: _____

5th child

Name _____ Sex: () 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: _____

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

() **Baptism** () **Profession of Faith** () **First Eucharist:** () **Confirmation:**
 Date: _____ Date: _____ Date: _____
 Church: _____ Church: _____ Church: _____
 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/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 the year of the sacrament if you don't know the date. Please complete Church and City information.

() **Baptism** () **Profession of Faith** () **First Eucharist:** () **Confirmation:**
 Date: _____ Date: _____ Date: _____
 Church: _____ Church: _____ Church: _____
 City: _____ City: _____ City: _____