



# DULCE NOMBRE DE MARIA CATHEDRAL-BASILICA

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## PARISH REGISTRATION FORM

### OFFICE USE ONLY

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

ID No: \_\_\_\_\_

### PARISHIONER INFORMATION:

Name: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ M/F \_\_\_\_\_

Home Address: \_\_\_\_\_  
*House No., Street, Village, Zip Code*

Mailing Address: \_\_\_\_\_  
*P.O. Box / Street Address, Village, Zip Code*

Occupation / Profession: \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

### SPOUSE (if applicable):

Name: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ M/F \_\_\_\_\_

Occupation / Profession: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILDREN (if applicable):

Please list children (under the age of 18), from oldest to youngest. Please also indicate their date of birth and all sacraments they have received.

	Name (First, Last)	Date of Birth	M/F	Baptism	Reconciliation	Holy Communion	Confirmation
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>