

St. Cecilia Catholic Church Registration Form

Office use only:
Date entered: _____
Envelope #: _____

Family

Name: _____ Husband _____ Wife _____

Home Address: _____ City/State/Zip _____

Home Phone: _____ Husband's Work Phone: _____ Wife's Work Phone: _____

Husband's Cell Phone: _____ Wife's Cell Phone: _____

Husband's Email Address: _____ Wife's Email Address _____

Write your name as you would like it to appear on any correspondence: _____

Do you wish to have any correspondence via email when available? Yes _____ No _____

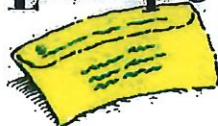
Previous Parish Name/City/State: _____

Are there any special needs or circumstances or information of which the parish should be aware of?

If any family member is not Catholic, would he/she be interested in becoming Catholic? Would he/she like to meet with a Priest or Deacon to get more information?

If you are a divorced Catholic, and have not annulled your marriage, would you like information about beginning the process? Y _____ N _____

Offering Envelopes



Why use envelopes or On-line giving? Envelopes and on-line giving are instruments to help you in your stewardship accountability. They also allow our Bookkeepers to be more accurate in their accounting ledgers. The system, of course, is voluntary. If you do not use the envelope or on-line giving, unless you write a personal check, we will not be able to certify your charitable contributions for your income tax statements.

Do you wish to receive contribution envelopes? (Contributions with your name will be credited to you even without envelopes. Envelopes may take up to 2 months to begin to arrive, and will be in the name of the head of household or couple unless otherwise specified) Y _____ N _____

I/we prefer electronic fund transfers _____ Please go to our website: stcparish.org select tab, "online-giving" and follow directions to register.

Are you receiving the Catholic Times? Y _____ N _____ If NOT, would you like to? Y _____ N _____

Information about Family Members, including yourself

Title Mr. Mrs. Ms. Dr.	First Name	Last Name	Relation Head Spouse Son Daughter	Sex M/F	Date of Birth mm/dd/yy	Marital Status S M D W SE*	Occupation or School & Grade	Religion Catholic	Baptized Catholic Baptized Other	First Communion	Confirmation	Married in the Catholic Church	Married Other
			HEAD	M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N
				M F					Y N Y N	Y N	Y N	Y N	Y N

*Marital Status: S=Single M=Married W=Widowed D=Divorced SE=Separated