Cathedral of
St. Mary of the Annunciation

Faith Formation Registration Form

Father's Name: **Registered Member of IC?** ☐ Yes ☐ No

Father's Religion: **Phone#:** **Email:**

Mother's Name: **Registered Member of IC?** ☐ Yes ☐ No

Mother's Religion: **Phone#:** **Email:**

Home Mailing Address:

Student 1

Student's Name (First, Middle, Last):

Grade 2026/2027: **Birthdate:** **Birthplace:**

School Name:

Sacraments received — Baptism: Reconciliation: Eucharist: Confirmation:

Student 2

Student's Name (First, Middle, Last):

Grade 2026/2027: **Birthdate:** **Birthplace:**

School Name:

Sacraments received — Baptism: Reconciliation: Eucharist: Confirmation:

Student 3

Student's Name (First, Middle, Last):

Grade 2026/2027: **Birthdate:** **Birthplace:**

School Name:

Sacraments received — Baptism: Reconciliation: Eucharist: Confirmation:

615 William Street
Cape Girardeau MO 63703-6242
(573) 335-9347
(573) 335-0649 fax
faith@stmarycathedral.net
www.stmarycathedral.net

Cathedral of St. Mary of the Annunciation

Faith Formation Registration Form (continued)

Student 4

Student's Name (First, Middle, Last):

Grade 2026/2027: **Birthdate:** **Birthplace:**

School Name:

Sacraments received — Baptism: Reconciliation: Eucharist: Confirmation:

Student 5

Student's Name (First, Middle, Last):

Grade 2026/2027: **Birthdate:** **Birthplace:**

School Name:

Sacraments received — Baptism: Reconciliation: Eucharist: Confirmation:

I would like to volunteer as a: ☐ Teacher ☐ Assistant Teacher ☐ Substitute Teacher

Notes to Faith Formation Coordinator and Teachers (special needs, allergies, etc):

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