

## St. Mary Cathedral Parish Registration Form

This form can be used to register as a new parishioner or parish family, or to update existing parishioner data. All information is for internal parish use only.

### PLEASE PRINT

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| Parish Office located in Diocesan Pastoral Center: 606 N Ohio Ave<br>Phone: 989-732-5448 ~ Fax: 989-705-3585<br>website: <a href="http://www.stmarycathedral.org">www.stmarycathedral.org</a> |
|---|

### DATE:

Please check one: **WeShare** is available to all parishioners.

**On-line giving:** visit: [www.stmarycathedral.org](http://www.stmarycathedral.org), click on "Donate" in the middle of the page, or call parish office for assistance.

I would like to receive envelopes (mailed to you bi-monthly)

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| <p><b>Family Info:</b></p> <p><b>Head of Household:</b><br/>         Last Name: _____<br/>         First Name: _____ Middle: _____<br/>         Title: _____ Nick-name: _____<br/>         Maiden Name: _____<br/>         Religion: _____<br/>         Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female<br/>         Birthdate: _____<br/>         Occupation: _____<br/>         Employer: _____<br/>         Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed<br/> <input type="checkbox"/> Divorced <input type="checkbox"/> Religious<br/> <input type="checkbox"/> Other _____</p> <p><b>Sacraments:</b><br/>         Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Church: _____<br/>         City/State: _____<br/>         1<sup>st</sup> Penance: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         1<sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Married on: _____<br/>         Church: _____<br/>         City/State: _____<br/>         Were you married in the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Has this marriage been annulled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>Spouse:</b><br/>         Last Name: _____<br/>         First Name: _____ Middle: _____<br/>         Title: _____ Nick-Name: _____<br/>         Maiden Name: _____<br/>         Religion: _____<br/>         Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female<br/>         Birthdate: _____<br/>         Occupation: _____<br/>         Employer: _____<br/>         Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed<br/> <input type="checkbox"/> Divorced <input type="checkbox"/> Religious<br/> <input type="checkbox"/> Other _____</p> <p><b>Sacraments:</b><br/>         Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Church: _____<br/>         City/State: _____<br/>         1<sup>st</sup> Penance: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         1<sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Has this marriage been annulled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p><b>St Mary Cathedral School Alumni:</b></p> <p>Did you graduate from St. Mary _____ <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Graduation Year: _____<br/>         Maiden Name if different: _____</p>  | <p>Did you graduate from St. Mary _____ <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Graduation Year: _____<br/>         Maiden Name if different: _____</p>   |
| <p><b>Phones:</b><br/> <b>Email:</b><br/>         Home: _____<br/>         Cell: _____<br/>         Work: _____<br/>         Family Email: _____<br/>         Personal Email: _____</p>   | <p>Cell: _____<br/>         Work: _____<br/>         Personal Email: _____</p>  |
| <p><b>Mailing Address:</b><br/>         Mailing Address: _____<br/>         City/State/Zip: _____</p> <p>Home Address: _____<br/>         City/State/Zip: _____<br/>         (if different from mailing address)</p>  | <p>Send mail to this address:<br/>         From: Month _____ Day _____<br/>         To: Month _____ Day _____<br/>         Address: _____<br/>         City/State/Zip: _____<br/>         Phone: _____</p>  |

Please list all children that are living in the home from oldest to the youngest. If Child is 18 or older, they should fill out their own registration form. If you have more than 4 children, please list them on another form and attach it to this sheet.

|   |   |
|---|---|
| <b>Child #1</b><br>Last Name: _____<br>First Name: _____ Middle: _____<br>Nickname: _____<br>Birthdate: _____<br>Religion: _____<br>Handicap: _____<br>Grade: _____<br>School Attending: _____<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Sacraments:</b><br>Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Church: _____<br>City/State: _____<br><br>1 <sup>st</sup> Penance: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Child #2</b><br>Last Name: _____<br>First Name: _____ Middle: _____<br>Nickname: _____<br>Birthdate: _____<br>Religion: _____<br>Handicap: _____<br>Grade: _____<br>School Attending: _____<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Sacraments:</b><br>Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Church: _____<br>City/State: _____<br><br>1 <sup>st</sup> Penance: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Child #3</b><br>Last Name: _____<br>First Name: _____ Middle: _____<br>Nickname: _____<br>Birthdate: _____<br>Religion: _____<br>Handicap: _____<br>Grade: _____<br>School Attending: _____<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Sacraments:</b><br>Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Church: _____<br>City/State: _____<br><br>1 <sup>st</sup> Penance: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Child #4</b><br>Last Name: _____<br>First Name: _____ Middle: _____<br>Nickname: _____<br>Birthdate: _____<br>Religion: _____<br>Handicap: _____<br>Grade: _____<br>School Attending: _____<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Sacraments:</b><br>Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Church: _____<br>City/State: _____<br><br>1 <sup>st</sup> Penance: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No |

#### PHOTO & PUBLICITY CONSENT

I understand that promotional pictures and videos (individual and group) of me and my family members (including minor children) may be taken during parish, school, diocesan and other events. I hereby give permission for images, names, ages, comments, parish/school, verbal or written remarks to be used for news and promotional materials for St. Mary Cathedral and School. This permission will remain in force unless withdrawn in writing by a letter to the Parish Office.

Signature: \_\_\_\_\_

#### OFFICE USE ONLY:

Date: \_\_\_\_\_ Entered by \_\_\_\_\_ Ministry Form \_\_\_\_\_