

## 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**

**DATE:**

Parish Office located in Diocesan Pastoral Center: 606 N Ohio Ave Phone: 989-732-5448 ~ Fax: 989-705-3585 website: <a href="http://www.stmarycathedral.org">www.stmarycathedral.org</a>	Please check one: <b>WeShare is available to all parishioners.</b> <input type="checkbox"/> <b>On-line giving:</b> visit: <a href="http://www.stmarycathedral.org">www.stmarycathedral.org</a> , click on "Donate" in the middle of the page, or call parish office for assistance.  <input type="checkbox"/> I would like to receive envelopes (mailed to you bi-monthly)
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<b>Family Info:</b>	<b>Head of Household:</b> Last Name: _____ First Name: _____ Middle: _____ Title: _____ Nick-name _____ Maiden Name: _____ Religion: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Occupation: _____ Employer: _____ Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Religious <input type="checkbox"/> Other _____  <b>Sacraments:</b> Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____ 1 <sup>st</sup> Penance: <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No Married on: _____ Church: _____ City/State: _____ Were you married in the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this marriage been annulled? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Spouse:</b> Last Name: _____ First Name: _____ Middle: _____ Title: _____ Nick-Name _____ Maiden Name: _____ Religion: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Occupation: _____ Employer: _____ Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Religious <input type="checkbox"/> Other _____  <b>Sacraments:</b> Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____ 1 <sup>st</sup> Penance: <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this marriage been annulled? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>St Mary Cathedral School Alumni:</b>	Did you graduate from St. Mary <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Year _____ Maiden Name if different _____	Did you graduate from St. Mary <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Year _____ Maiden Name if different _____
<b>Phones: Email:</b>	Home: _____ Cell: _____ Work: _____ Family Email: _____ Personal Email: _____	Cell: _____ Work: _____ Personal Email: _____
<b>Mailing Address:</b>	Mailing Address: _____ City/State/Zip: _____  Home Address: _____ City/State/Zip: _____ (if different from mailing address)	<b>Seasonal Address:</b> Send mail to this address: From: Month _____ Day _____ To: Month _____ Day _____ Address: _____ City/State/Zip: _____ Phone: _____

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