

Saint Mary Cathedral

Membership Registration Form

Please complete ALL information so we can update our records to better serve you. This information is strictly confidential for pastoral use only and will not be given out to unauthorized personnel. Please return in the collection basket or to the church office.

FAMILY NAME: (As for mailings)		
SALUTATION: (As for mailings)	Miss Ms. Mr	. & Mrs.
HEAD OF HOUSEHOLD 1:First	Last	Middle
		Wildle
HEAD OF HOUSEHOLD 2:First	Last	Middle
MAIDEN NAME:		
HOME ADDRESS:		
	C	TTY ZIP
MAILING ADDRESS:(if different)		CITY ZIP
TELEPHONE: Home ()	Cell ()	
E-MAIL: (For Parish communication):		
DO YOU PREFER GIVING VIA ENVELOPES OR E-	GIVING? MONT	HLY OR WEEKLY?
Marital Status: Married Single Engaged	Separated Divorce	d Widowed
If married, are you married in the Catholic Chu	urch? Y N	
If Yes, Date of Marriage:(Month/Day/Year		
Are you currently registered in another parish? \(\subseteq \text{Y}	☐ N If Yes, which pa	urish?
Is the Cathedral your primary parish? \(\subseteq Y \) \(\subseteq N \)		
In which ministries would you be interested to share you have a contract of the contract of th	our talents? Liturgy and sacre Children and your	
Please fill out remainder o	f information on back of	form \Longrightarrow
Office Use Only: Date Received: Rec'd By:		
EIM Status:		

	Head of Household 1	Head of Household 2	Child 1 (under 18)	Child 2 (under 18)	Child 3 (under 18)	
Name						
Gender	□ M □ F	□ M □ F	□ M □ F	□ M □ F	□ M □ F	
Religion						Ple
Date of Birth	(Month/Day/Year)	(Month/Day/Year)	// (Month/Day/Year)	// (Month/Day/Year)	(Month/Day/Year)	Please use
Baptized	□Y □N	□Y □N	□Y □N	□Y □N	□Y □N	
First Communion	□Y □N	□Y □N	□Y □N	□Y □N	□Y □N	additional sheet as
Confirmation	□Y □N	□Y □N	□Y □N	□Y □N	□Y □N	al she
Individual Phone						
Individual E-mail						necessary
School Name and Year in School						ssary
Occupation						
Employer						
Language (s)	1 2	1 2	1 2	1 2	1 2	