



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) Mr. Mrs. Miss Ms. Mr. & Mrs.

HEAD OF HOUSEHOLD 1: _____
First Last Middle

HEAD OF HOUSEHOLD 2: _____
First Last Middle

MAIDEN NAME: _____

HOME ADDRESS: _____
CITY ZIP

MAILING ADDRESS: _____
(if different) CITY ZIP

TELEPHONE: Home () _____ Cell () _____

E-MAIL: (For Parish communication): _____

DO YOU PREFER GIVING VIA ENVELOPES OR E-GIVING? || MONTHLY OR WEEKLY?

Marital Status: Married Single Engaged Separated Divorced Widowed

If married, are you married in the Catholic Church? Y N

If Yes, Date of Marriage: _____
(Month/Day/Year)

Are you currently registered in another parish? Y N If Yes, which parish? _____

Is the Cathedral your primary parish? Y N

In which ministries would you be interested to share your talents?

- Christian life, fellowship Education Liturgy and sacred arts
- Social outreach Stewardship Children and youth
- Other: _____

Please fill out remainder of information on back of form ⇨⇨⇨

<p><i>Office Use Only:</i> Date Received: _____ Rec'd By: _____</p> <p>EIM Status: _____</p>
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	Head of Household 1	Head of Household 2	Child 1 (under 18)	Child 2 (under 18)	Child 3 (under 18)
Name					
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Religion					
Date of Birth	____/____/____ (Month/Day/Year)	____/____/____ (Month/Day/Year)	____/____/____ (Month/Day/Year)	____/____/____ (Month/Day/Year)	____/____/____ (Month/Day/Year)
Baptized	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
First Communion	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Confirmation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Individual Phone					
Individual E-mail					
School Name and Year in School					
Occupation					
Employer					
Language (s)	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____

Please use additional sheet as necessary