Date:	St. Frances Cabrini Parish Registration			Form Envelope #		
Last name:			Spouse name: Zip:			
Address:						
Home phone: ()	Family stat	rus: Married Sin	gle Separated _	Divorced	Widowed	
Date of marriage:/	Married in Catholic	Church: yesor no	<u> </u>			
Name of Church, City & State:						
Primary Language: English Spanish Adult household members:	Other	Envelopes: Y/N Onli	i ne Giving : Y/N (For Onl	line Giving go to cabrinipa	arish.org to resister)	
Name:		Name:				
Head of Household		Spouse				
Date of birth:/ Birth	nplace:	Date of birth:	Birthpl	ace:		
Denomination:		Denomination:				
Sacraments: Baptism: Eucharist:	Confirmation:	Sacraments: Bapti	sm: Eucharist: _	Confirmation:	<u>—</u>	
Occupation:		Occupation:				
Cell phone: (Cell phone: ()			
Email address:		Email address:				
Children 18 years or younger	Children attend: Cal	orini Yes or No				
Name (first, middle & last)	Date of birth Se M		please mark which or Eucharist	•	eceived	
	M	or F Baptism	Eucharist	Confirmation		
	M	or F Baptism	Eucharist	Confirmation		
	/ / M	or F Bantism	Fucharist	Confirmation		