

St. Frances Cabrini Parish Registration Form

Envelope # _____

Date: _____

Last name: _____ First name: _____ Spouse name: _____

Address: _____ City: _____ Zip: _____

Home phone: (____) _____-_____ Family status: Married____ Single ____ Separated ____ Divorced ____ Widowed ____

Date of marriage: ____/____/____ Married in Catholic Church: yes____ or no____

Name of Church, City & State: _____

Primary Language: English ____ Spanish ____ Other _____ Envelopes: Y / N Online Giving: Y / N (For Online Giving go to cabriniparish.org to resister)

Adult household members:

Name: _____ Name: _____
 Head of Household Spouse

Date of birth: ____/____/____ Birthplace: _____ Date of birth: ____/____/____ Birthplace: _____

Denomination: _____ Denomination: _____

Sacraments: Baptism: ____ Eucharist: ____ Confirmation: ____ Sacraments: Baptism: ____ Eucharist: ____ Confirmation: ____

Occupation: _____ Occupation: _____

Cell phone: (____) _____-_____ Cell phone: (____) _____-_____

Email address: _____ Email address: _____

Children 18 years or younger Children attend: Cabrini Yes or No Religious Education: Yes or No

Name (first, middle & last)	Date of birth	Birthplace	Sex	Sacraments: please mark ones received & year received
_____	____/____/____	_____	M or F	Baptism ____ Eucharist ____ Confirmation ____
_____	____/____/____	_____	M or F	Baptism ____ Eucharist ____ Confirmation ____
_____	____/____/____	_____	M or F	Baptism ____ Eucharist ____ Confirmation ____
_____	____/____/____	_____	M or F	Baptism ____ Eucharist ____ Confirmation ____