

CATHEDRAL OF THE IMMACULATE CONCEPTION

"St. Mary's Cathedral"

REGISTRATION FORM

DATE: _____

FAMILY NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

TELEPHONE: (____) _____

MAILING ADDRESS: (if different) PO Box # _____ CITY: _____ ZIP CODE: _____ E-MAIL ADDRESS: _____

FAMILY MEMBERS: (ADULTS-18 YEARS OR OLDER- LIVING AT THIS ADDRESS)

* Mark head of household, then for each family member mark relationship to head of household 0=HEAD OF HOUSEHOLD; 1=FATHER; 2=MOTHER; 3=HUSBAND; 4=WIFE; 5=SON; 6=DAUGHTER; 7=SINGLE; 8=SPOUSE; 9=GRANDSON; 10=GRANDDAUGHTER; 11=NEPHEW; 12=NIECE; 13=BROTHER; 14=SISTER

	ADULT #1	ADULT #2	ADULT #3	ADULT #4
*FAMILY RELATIONSHIP				
FIRST NAME				
MIDDLE NAME				
LAST NAME				
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COUNTRY OF BIRTH	<input type="checkbox"/> USA <input type="checkbox"/> MEXICO <input type="checkbox"/>	<input type="checkbox"/> USA <input type="checkbox"/> MEXICO <input type="checkbox"/>	<input type="checkbox"/> USA <input type="checkbox"/> MEXICO <input type="checkbox"/>	<input type="checkbox"/> USA <input type="checkbox"/> MEXICO <input type="checkbox"/>
LANGUAGE(S)	SPOKEN: WRITTEN:	SPOKEN: WRITTEN:	SPOKEN: WRITTEN:	SPOKEN: WRITTEN:
DATE OF BIRTH	MO: DAY: YEAR:	MO: DAY: YEAR:	MO: DAY: YEAR:	MO: DAY: YEAR:
BAPTIZED	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:
DENOMINATION	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> OTHER:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> OTHER:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> OTHER:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> OTHER:
PROFESSION OF FAITH	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:
1ST COMMUNION	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:
CONFIRMED	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:
MARITAL STATUS	<input type="checkbox"/> SINGLE, Never Married <input type="checkbox"/> WIDOW(ER)	<input type="checkbox"/> SINGLE, Never Married <input type="checkbox"/> WIDOW(ER)	<input type="checkbox"/> SINGLE, Never Married <input type="checkbox"/> WIDOW(ER)	<input type="checkbox"/> SINGLE, Never Married <input type="checkbox"/> WIDOW(ER)
MARRIAGE	DATE: <input type="checkbox"/> BY CATHOLIC PRIEST	DATE: <input type="checkbox"/> BY CATHOLIC PRIEST	DATE: <input type="checkbox"/> BY CATHOLIC PRIEST	DATE: <input type="checkbox"/> BY CATHOLIC PRIEST
	<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED
OCCUPATION:				
EMPLOYED AT:				
WORK PHONE #				
EDUCATION LEVEL	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE <input type="checkbox"/> GRAD	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE <input type="checkbox"/> GRAD	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE <input type="checkbox"/> GRAD	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE <input type="checkbox"/> GRAD
SPECIAL NEEDS	<input type="checkbox"/> Homebound <input type="checkbox"/> Other	<input type="checkbox"/> Homebound <input type="checkbox"/> Other	<input type="checkbox"/> Homebound <input type="checkbox"/> Other	<input type="checkbox"/> Homebound <input type="checkbox"/> Other

FAMILY NAME: _____

FAMILY MEMBERS: (CHILDREN LESS THAN 18 YEARS OLD- LIVING AT THIS ADDRESS)

* 5=SON; 6=DAUGHTER; 9=GRANDSON; 10=GRANDDAUGHTER; 11=NEPHEW; 12=NIECE;

	CHILD #1	CHILD #2	CHILD #3	CHILD #4	CHILD #5	CHILD #6
*FAMILY RELATIONSHIP						
FIRST NAME						
MIDDLE NAME						
LAST NAME						
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COUNTRY OF BIRTH	<input type="checkbox"/> USA <input type="checkbox"/> MEX. <input type="checkbox"/>	<input type="checkbox"/> USA <input type="checkbox"/> MEX. <input type="checkbox"/>	<input type="checkbox"/> USA <input type="checkbox"/> MEX. <input type="checkbox"/>	<input type="checkbox"/> USA <input type="checkbox"/> MEX. <input type="checkbox"/>	<input type="checkbox"/> USA <input type="checkbox"/> MEX. <input type="checkbox"/>	<input type="checkbox"/> USA <input type="checkbox"/> MEX. <input type="checkbox"/>
LANGUAGE(S)	<input type="checkbox"/> ENG <input type="checkbox"/> SPAN	<input type="checkbox"/> ENG <input type="checkbox"/> SPAN	<input type="checkbox"/> ENG <input type="checkbox"/> SPAN	<input type="checkbox"/> ENG <input type="checkbox"/> SPAN	<input type="checkbox"/> ENG <input type="checkbox"/> SPAN	<input type="checkbox"/> ENG <input type="checkbox"/> SPAN
DATE OF BIRTH	MO: DAY: YR:	MO: DAY: YR:	MO: DAY: YR:	MO: DAY: YR:	MO: DAY: YR:	MO: DAY: YR:
BAPTIZED	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:
DENOMINATION	<input type="checkbox"/> CATH <input type="checkbox"/> OTHER:	<input type="checkbox"/> CATH <input type="checkbox"/> OTHER:	<input type="checkbox"/> CATH <input type="checkbox"/> OTHER:	<input type="checkbox"/> CATH <input type="checkbox"/> OTHER:	<input type="checkbox"/> CATH <input type="checkbox"/> OTHER:	<input type="checkbox"/> CATH <input type="checkbox"/> OTHER:
PROFESSION OF FAITH	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE:
1ST COMMUNION	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:
CONFIRMED	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:	<input type="checkbox"/> NO <input type="checkbox"/> YES,DATE:
SCHOOL NAME						
EDUCATION LEVEL	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE	<input type="checkbox"/> GRADE: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE
SPECIAL NEEDS	<input type="checkbox"/> HOMEBOUND <input type="checkbox"/> DISABILITY:	<input type="checkbox"/> HOMEBOUND <input type="checkbox"/> DISABILITY:	<input type="checkbox"/> HOMEBOUND <input type="checkbox"/> DISABILITY:	<input type="checkbox"/> HOMEBOUND <input type="checkbox"/> DISABILITY:	<input type="checkbox"/> HOMEBOUND <input type="checkbox"/> DISABILITY:	<input type="checkbox"/> HOMEBOUND <input type="checkbox"/> DISABILITY:

Any other information which you believe would be helpful in our ministry to you and your family: _____