

St. Cyril Catholic Church

Parish Registration Form

I am: _____ New to St. Cyril Parish

I am: _____ Currently registered and updating information

Family Name:

Date Completed: ____ / ____ / 20____

Street Address: _____

Mailing Address: _____

(if different from street address)

City / State / Zip: _____

City / State / Zip: _____

Home Phone: _____

E-Mail Address 1: _____

Cell Phone(s): _____

E-Mail Address 2: _____

PLEASE PRINT CLEARLY

Family Information	Adult 1	Adult 2	Child	Child	Child	Child
First Name						
Last <i>(if different from family name)</i>						
Gender (M / F)						
Date of Birth (MM / DD / YYYY)	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Occupation						
If Retired, Previous Occupation						

Please circle Yes or No to indicate of Sacrament has been received or not.

Sacrament Information	Adult 1	Adult 2	Child	Child	Child	Child
Baptized	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If not Baptized as Catholic, what Religion ?						
Reconciliation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Eucharist	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Please complete both sides of this registration form.

For Office Use Only:

Envelope # _____

Bishop's Appeal: _____

Parish Soft Entry: _____

Directory: _____

Date Entered: _____

OSV: _____

Card File: _____

Ministry Contact: _____

Email Contact List: _____