

SACRED HEART CATHEDRAL REGISTRATION FORM

(Please print)

Date: _____

Family Name: _____ Home Address: _____ City & Zip Code _____

P. O. Box _____

Home Phone: _____ Work Phone: _____ / _____ Cell Phone: _____
 (husband) (wife)

E-mail: _____ Date of Marriage _____ Were you married by a priest? Yes No

Employer: (Husband) _____ (Wife) _____

First Name & Initial (PLEASE PRINT)	Date of Birth	Religion	Sacraments Received			Marital Status: (Single, Married, Widowed, Divorced, Married & Separated, Divorced & Remarried)
			Bapt Y = Yes	1 st Comm Y N	Confirm N = No	
Male			Y N	Y N	Y N	S M W D MS DR
Female (include maiden name)			Y N	Y N	Y N	S M W D MS DR
CHILDREN and other household members (Include college students)						GRADE IN SCHOOL
			Y N	Y N	Y N	
			Y N	Y N	Y N	
			Y N	Y N	Y N	
			Y N	Y N	Y N	
			Y N	Y N	Y N	
			Y N	Y N	Y N	
<i>(Use back if needed)</i>						

I (We) are interested in the following activities/programs/organizations: (check your preferences & put name of family member)

- | | |
|-------------------------------------|---|
| Altar Server _____ | Lector _____ |
| Cantor _____ | Maintenance _____ |
| Choir _____ | Parish Council _____ |
| Church Environment/Decoration _____ | Pro Life _____ |
| CYO/Youth Ministry _____ | Religious Education Aide _____ |
| Ex. Min. of Holy Communion _____ | Religious Education Teacher/Sub _____ |
| Family Life _____ | RCIA (Study of the Catholic Church) _____ |
| Greeter/Usher _____ | RCIA Team Member _____ |
| Hospital Ministry _____ | SHCCW _____ |
| Knights of Columbus _____ | Serra (Vocations) _____ |
| Stewardship _____ | Other: _____ |

Mass Preference for liturgical ministry: 5:30 p.m. Sat. () 8:00 a.m. Sun () 10:30 Sun. ()