

Cathedral Basilica of Saint Augustine

(Addresses outside our parish boundaries require Pastor's approval)

Envelope Number: _____

Today's Date: _____

Last Name: _____ First Name: _____ Spouse Name: _____

Title (circle one) Mr. & Mrs. Mr. Mrs. Ms. Miss. Dr. & Mrs.

Must reside at this address more than 6 months per year

Street or PO Box: _____ City: _____ State: _____ Zip: _____

If PO Box give street address: _____ Number of Children at home: _____

Home Phone: _____ () (unlisted to not publish) E-mail address: _____

Last Parish registered in: _____

Marital Status
(Check one)

Married by priest

Married by other

Single

Divorced

Separated

Widowed

Other

Children 18 and over should be registered under their own name

Member Information

Head of Household

Name: _____
 Maiden name: _____
 Religion: _____
 Business Phone: _____
 Cell Phone: _____
 Email: _____
 Birth date: _____
 Place of Birth: _____
 Sex: _____

Spouse

Name: _____
 Maiden name: _____
 Religion: _____
 Business Phone: _____
 Cell Phone: _____
 Email: _____
 Birth date: _____
 Place of Birth: _____
 Sex: _____

Child

(Under 18)

Name: _____
 Religion: _____
 School: _____
 Birth date: _____
 Place of Birth: _____
 Sex: _____

For each sacrament below enter the **Date and Church** of sacrament if known (approximate okay), enter **yes** if sacrament was received but the date is unknown, enter **here** if your sacraments where received at the Cathedral, enter **unknown** if no information is known.

Baptism date: _____
 Church: _____
 First Communion date: _____
 Church: _____
 Confirmation date: _____
 Church: _____
 Marriage date: _____
 Church: _____

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 Church: _____
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 Church: _____

Baptism date: _____
 Church: _____
 First Communion date: _____
 Church: _____
 Confirmation date: _____
 Church: _____
 Marriage date: _____
 Church: _____

<u>Child</u> (Under 18)	<u>Child</u> (Under 18)	<u>Child</u> (Under 18)	<u>Parent or Other</u>
Name: _____	Name: _____	Name: _____	Name _____
Religion: _____	Religion: _____	Religion: _____	Maiden name _____
School: _____	School: _____	School: _____	Religion _____
Birth date: _____	Birth date: _____	Birth date: _____	Business Phone _____
Place of Birth: _____	Place of Birth: _____	Place of Birth: _____	Birth date _____
Sex: _____	Sex: _____	Sex: _____	Place of Birth _____
			Sex _____

For each sacrament below enter the **Date and Church** of sacrament if known (approximate okay), enter **yes** if sacrament was received but the date is unknown, enter **here** if your sacraments where received at the Cathedral, enter **unknown** if no information is known.

Baptism date: _____	Baptism date: _____	Baptism date: _____	Baptism date: _____
Church: _____	Church: _____	Church: _____	Church: _____
First Communion date: _____	First Communion date: _____	First Communion date: _____	First Communion date: _____
Church: _____	Church: _____	Church: _____	Church: _____
Confirmation date: _____	Confirmation date: _____	Confirmation date: _____	Confirmation date: _____
Church: _____	Church: _____	Church: _____	Church: _____
Marriage date: _____	Marriage date: _____	Marriage date: _____	Marriage date: _____
Church: _____	Church: _____	Church: _____	Church: _____

Check any ministry you or your family members would like to be involved in the Cathedral Parish

Eucharistic Minister _____	Choirs _____	Altar Guild _____	Office use only Registration forwarded to: <u>Ministry</u> <u>Date</u>
Lector _____	Legion of Mary _____	Rectory Volunteer _____	
Cathedral Tour Guide _____	Youth Groups _____	Knights of Columbus _____	
Vacation Bible School _____	Sponsor Couples _____	St. Vincent de Paul _____	
Homebound/Disabled _____	St. Gerard House _____	Hospitality./social life _____	
Bell Tower Gift Shop _____	St. Francis Soup Kitchen _____	Usher _____	
Nursery _____	Altar Server _____	RCIA _____	