

Saint Cecilia Catholic Parish
1310 Madison Avenue North
Bainbridge Island, WA 98110
206-842-3594

www.saintceparish.org

Parishioner Registration Form

Husband Last Name: _____ First Name: _____

Wife Last Name: _____ First Name: _____

Please circle one of the following:

Mr. and Mrs. Mr. Mrs. Miss Ms. Dr. Dr. and Mrs. Other

Home Address: _____

City/State/Zip Code: _____

Mailing Address (if different from home address) _____

Email Address: _____

Home Phone: _____ Cell Phone/Business Phone (Optional): _____

Other Adults in Household (Parents, Grandparents, Aunts, Uncles, etc): Yes No

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

Do you have children birth through High School? Yes No

Names of Children

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>School/Grade</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Is there a homebound person who wishes to receive Communion? Yes No

Would you receive our Welcoming Committee? Yes No

Can we mail Sunday envelopes from St. Cecilia Parish? Yes No

Would you like to volunteer to be ___ Eucharistic Minister ___ Usher ___ Lector ___ Altar Server?

Or serve on one of our ministries? Yes No

Saturday Evening: ___ Wine/Cheese Volunteer **Sunday Morning:** ___ Coffee and Donuts Volunteer?