

St. Cecilia Catholic Church
1310 Madison Avenue North
Bainbridge Island, WA 98110
(206) 842-3594

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. & Mrs. Other

Home Address: _____

City/State/Zip Code: _____

Mailing Address (if different): _____

Home 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 in your home who would like to receive Communion?
Yes No

Would you like to receive Sunday envelopes from St. Cecilia? Yes No

Would you like to volunteer to be: ___Eucharistic Minister___Usher___Lector___Altar Server