

PARISH REGISTRATION



ST. MARY'S CATHEDRAL

25 8TH AVE. S.
ST. CLOUD, MN 56301
320.251.1840
WWW.STMARYSTCLOUD.ORG

FAMILY REGISTRATION

Last Name _____ Main Phone _____
First Name(s) _____ Alternate Phone _____
Address _____ Family Email _____
City, State, Zip _____

INDIVIDUAL MEMBERS

— Head of Household —

First Name _____ Nickname _____ Gender: Male / Female DOB _____
Email _____ Cell/Work Phone _____
Sacraments: Catholic Baptism Reconciliation First Eucharist Confirmation
Marital Status: Single Married Divorced Widowed
Which Mass do you normally attend: I/We am new to St. Mary's Sat. 5:00 pm Sun. 9:30 am Sun. 6:00 pm

| |
|--|
| Valid Catholic Marriage Date _____ |
|--|

| |
|------------------------------------|
| Civil Marriage Date _____ |
|------------------------------------|

— Spouse —

First Name _____ Nickname _____ Gender: Male / Female DOB _____
Email _____ Cell/Work Phone _____
Sacraments: Catholic Baptism Reconciliation First Eucharist Confirmation

— Dependent Children —

1. First Name _____ Last Name _____ Gender: Male / Female DOB _____
Sacraments: Catholic Baptism Reconciliation First Eucharist Confirmation

2. First Name _____ Last Name _____ Gender: Male / Female DOB _____
Sacraments: Catholic Baptism Reconciliation First Eucharist Confirmation

3. First Name _____ Last Name _____ Gender: Male / Female DOB _____
Sacraments: Catholic Baptism Reconciliation First Eucharist Confirmation

4. First Name _____ Last Name _____ Gender: Male / Female DOB _____
Sacraments: Catholic Baptism Reconciliation First Eucharist Confirmation

5. First Name _____ Last Name _____ Gender: Male / Female DOB _____
Sacraments: Catholic Baptism Reconciliation First Eucharist Confirmation

Office Use Registration Date _____ Envelope # _____ Visitor _____ Bulletin _____ Photo _____