

OFFICE USE ONLY

Registration Date: \_\_\_\_\_

Envelope #: \_\_\_\_\_



# ST. FRANCES X. CABRINI

585 Mount Olivet Road, Wyoming, PA 18644-9333

Phone: 570-696-3737

## NEW MEMBER PARISH REGISTRATION FORM

**FAMILY NAME** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Street

City

State

Zip Code

E-Mail Address: \_\_\_\_\_

( ) \_\_\_\_\_  
Phone number

( ) \_\_\_\_\_  
Cell phone number

**Head of Household**

**Spouse**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

(Maiden Name)

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Gender: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**SACRAMENTS**

**SACRAMENTS**

Baptism

Baptism

Name of Parish, Location

Name of Parish, Location

First Communion

First Communion

Name of Parish, Location

Name of Parish, Location

Confirmation

Confirmation

Name of Parish, Location

Name of Parish, Location

**PLEASE CIRCLE**

Single, Married, Widowed, Separated, Divorced, Annulled, Remarried

**PLEASE CIRCLE**

Single, Married, Widowed, Separated, Divorced, Annulled, Remarried

Marriage Date Catholic/Other

Marriage Date Catholic/Other

Church/location

Church/location

Former Parish

Former Parish

List minor children living at home below:

\*Sacraments—Please identify those sacraments each child has received:

B = Baptism FC = First Communion C = Confirmation

First	Middle	Last	Date of Birth	Sex	Religion	School Grade	*Sacraments
_____	_____	_____	_____	M F	_____	_____	_____
_____	_____	_____	_____	M F	_____	_____	_____
_____	_____	_____	_____	M F	_____	_____	_____

M F

M F

M F

I AM INTERESTED IN MORE INFORMATION ON THE FOLLOWING PARISH MINISTRIES AND/OR ACTIVITIES:

\_\_\_\_\_