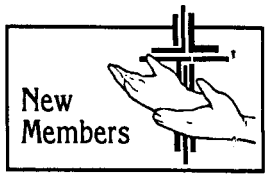
OFFICE:
Env # _____
Online ____

WELCOME TO ST. FRANCES CABRINI CHURCH!

So that we may serve you better, **please complete this detailed registration form and return it to the parish office.** If you wish, you may give it to an usher at Mass, or drop it in the collection basket. *Thank you!*

(PLEASE PRINT)



LAST NAME _____ FIRST NAME _____ SPOUSE _____

(Circle Preference): Mr./Mrs. Mr. Mrs. Ms. Miss Dr./Mrs. Mr./Dr.

P. O. Box: _____ Street Address: _____ Apt #_____ City/State_____ Zip_____

Phone( ) _____ ( ) _____ *e*-mail:_____

Date Registered: ____/____/_____ Family Status (circle one): Church Marriage Married Single Divorced Separated Widowed

MEMBER INFORMATION

	HEAD	SPOUSE	Child at Home	Child at Home	Child at Home	Child at Home	Child at Home
FIRST NAME							
LAST NAME **(if different)**							
RELIGION							
LANGUAGES SPOKEN							
OCCUPATION							
GENDER	M__ F__	M__ F__	M__ F__	M__ F__	M__ F__	M__ F__	M__ F__
BIRTH DATE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
BAPTISM	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__
1st COMMUNION	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__
CONFIRMATION	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__
MARRIAGE (DATE of MARRIAGE)	Y__ N__ ( )	Y__ N__ ( )	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__