

Cathedral Basilica of Saint Augustine

Addresses outside our parish boundaries require Pastor's approval

Marital Status (Check one)
<input type="checkbox"/> Married by priest
<input type="checkbox"/> Married by other
<input type="checkbox"/> Single
<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed
<input type="checkbox"/> Other

Envelope Number: _____ Today's Date: _____

Last Name: _____ First Name: _____ Spouse Name: _____
 Title (circle one) Mr. & Mrs. Mr. Mrs. Ms. Miss. Dr. & Mrs.

Must live at this address more than 6 months per year

Street or PO Box: _____ City: _____ State: _____ Zip: _____

If PO Box give street address: _____ Number of Children at home: _____

Home Phone: _____ () (unlisted to not publish) E-mail address: _____

Last Parish registered in: _____

Member Information

Head of Household

Name: _____
 Maiden name: _____
 Religion: _____
 Occupation: _____
 Business Phone: _____
 Cell Phone: _____
 Email: _____
 Birth date: _____
 Place of Birth: _____
 Sex: _____

Spouse

Name: _____
 Maiden name: _____
 Religion: _____
 Occupation: _____
 Business Phone: _____
 Cell Phone: _____
 Email: _____
 Birth date: _____
 Place of Birth: _____
 Sex: _____

Child

(Under 18)

Name: _____
 Religion: _____
 School: _____
 Birth date: _____
 Place of Birth: _____
 Grade: _____
 Sex: _____

For each sacrament below enter the **Date, Church, City & State** of sacrament if known (approximate okay), enter **yes** if sacrament was received but the date is unknown, enter **here** if your sacraments were received at the Cathedral, enter **unknown** if no information is known

Baptism date: _____
 Church: _____
 First Communion date: _____
 Church: _____
 Confirmation date: _____
 Church: _____
 Marriage date: _____
 Church: _____

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 Church: _____
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 Church: _____
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 Church: _____
 First Communion date: _____
 Church: _____
 Confirmation date: _____
 Church: _____
 Marriage date: _____
 Church: _____

Child
(Under 18)

Name: _____
 Religion: _____
 School: _____
 Birth date: _____
 Place of Birth: _____
 Grade: _____
 Sex: _____

Child
(Under 18)

Name: _____
 Religion: _____
 School: _____
 Birth date: _____
 Place of Birth: _____
 Grade: _____
 Sex: _____

Child
(Under 18)

Name: _____
 Religion: _____
 School: _____
 Birth date: _____
 Place of Birth: _____
 Grade: _____
 Sex: _____

Parent or Other

Name _____
 Maiden name _____
 Religion _____
 Occupation _____
 Business Phone _____
 Birth date _____
 Place of Birth _____
 Sex _____

For each sacrament below enter the **Date and Church** of sacrament if known (approximate okay), enter **yes** if sacrament was received but the date is unknown, enter **here** if your sacraments were received at the Cathedral, enter **unknown** if no information is known.

Baptism date: _____
 Church: _____
 First Communion date: _____
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 Church: _____
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 Marriage date: _____
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Check any ministry you or your family members would like to be involved in the Cathedral Parish

Eucharistic Minister _____
 Lector _____
 Cathedral Tour Guide _____
 Vacation Bible School _____
 Homebound/Disabled _____
 Nursery _____

Choirs _____
 Legion of Mary _____
 Youth Groups _____
 Altar Server _____

Altar Guild _____
 Hospitality./social life _____
 Usher _____
 RCIA _____

Catechist (CFP) _____
 Respect Life _____

Office use only
 Registration forwarded to:
Ministry Date