

OFFICE:
 ENV _____
 ONLINE _____

WELCOME TO ST. FRANCIS CABRINI CHURCH!
 So that we may serve you better, please complete this registration form and return it to the parish office.



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

I would like to title by using **BOXED ENVELOPES** or **ONLINE GIVING** (circle one).

	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							
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)	Y _ N	Y _ N	Y _ N	Y _ N	Y _ N	Y _ N	Y _ N

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MEMBER INFORMATION (continued)

I WOULD LIKE TO VOLUNTEER FOR:

	HEAD	SPOUSE	Child at Home	Child at Home	Child at Home	Child at Home	Child at Home
Lector							
Eucharistic Minister							
Altar Server							
Usher							
Choir							
CCD							
CCD/Teacher Sub							
Hospitality							
Jr/Sr. Youth Group							
Parish Life							
CCW							
Men's Club							
Building & Grounds							
Finance Fund Raising							
Publicity							
Night Shelter Food/Serve							
Bereavement Committee							
Altar Care							
People Helping People							