

OFFICE:
 ENV _____
 ONLINE _____



WELCOME TO ST. FRANCES 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 tithe 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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