ST. JAMES CATHOLIC CATHEDRAL
PARISH REGISTRATION FORM

OFFICE USE ONLY
ID:

FAMILY INFORMATION

Title: __Mr. & Mrs. __Mr. __Mrs. __Ms. __Miss Registration Date: _____ ___New Members ___Updating Information

Family Last Name: _____ ___Year-round resident ___Part-time resident

Street Address: _____ Apt# _____ City _____ State _____ Zip _____

Mailing Address: _____ Apt# _____ City _____ State _____ Zip _____

Primary Email Address _____ Use this as my preferred email for communication ___ Yes ___ No

Secondary Email Address: _____ St. James Cathedral School Family __Yes __No

Family Phone Number: _____ Would you like to receive text alerts from us? __Yes __No

Other Phone Number: _____ Comments: _____
_____

MEMBER INFORMATION

Name	Date of Birth	Male (M)/ Female (F)	Marital Status (Single, Married, Divorced, Separated, Widower, Widow)	Married in the Catholic Church (Y/N)	STJCS Graduate (Y/N)	Occupation	Language	Religion	Sacraments (Y/N)		
Head of the Household									Baptism	First Communion	Confirmation
Spouse											
Children and other relatives											