Saint James Catholic Cathedral

Check one: ☐ **New Registration** ☐ **Registration update**

Please print and fill in all blanks!

Date _____

Family Name _____ **Salutation** _____ **(Ex: Dr. Mrs. Etc.)**

Last First M.I.

Home Address _____

Street City State Zip

Mailing Address _____

Street City State Zip

Main Phone (____)_____**Listed Yes/No** _____ **Secondary Phone** (____)_____ **E-Mail Address** _____

Married by Catholic Church: Yes/No _____ **Date** (mo/day/yr) _____ **Wife's Maiden Name:** _____

How can Saint James Cathedral help you? _____ **Do you have any special needs?** _____

1. First Name & Middle Initial of Family Member 2. Last Name if different from Family Name 3. Include only members that claim this as a permanent address.	**SEX**		**Birth Date**			**Sacraments Received**				**Marital Status**					**Religion**		**Handi-cap**		**Language Preferred**				**Church Attendance**				
	Male	Female	Month	Day	Year	Baptism	First Comm.	Confirm.	Marriage	Married	Single	Divorced	Separated	Widow	Catholic	Other ____	Wheelchair	Homebound	English	Spanish	Kreyole	Other____	Daily	Weekly	Yearly	Seldom	Seasonal Resident
Head																											
Spouse																											
Child																											
Child																											
Child																											
Child																											
Child																											

FIRST NAME	**Occupation / Retired / Student**	**Where employed or school name**	**Other Info / Talents – Skills, etc.**
Head			
Spouse			
Child			
Child			
Child			
Child			