

SAINT CECILIA CHURCH

***434 Norton Road
Columbus, Ohio 43224***

REGISTRATION FORM

Welcome to our parish! Please print and complete the following and hand to Father after Mass.

Area of Parish (Neighborhood or Subdivision)

Registration Date

Address – Line #1

Home Phone

Address – Line #2 (Apt. #)

Cell Phone

City, State and Zip Code

E-mail Address

In what Parish do you reside, if not St. Cecilia

Previous Parish – City & State

How long have you lived at your present address? _____

How do you wish your name to appear on your envelopes? _____

FAMILY INFORMATION FORM

Please print and complete one form for each of the members of your family (Catholic and non-Catholic) and attach to the registration form.

Religion _____

Title _____ Family Member Name _____
Last, First, Middle Suffix Nickname

Job Title _____ Maiden Name _____

Employer _____

Daytime Phone # _____ Industry Type _____

School (Students only) _____

School Type _____ C.C.D. Yes _____ No _____

Birthdate _____ Gender Male _____ Female _____

BAPTISM:

Received? Yes _____ No _____ Date _____

Church _____ Location _____

EUCCHARIST:

Received? Yes _____ No _____ Date _____

Church _____ Location _____

CONFIRMATION:

Received? Yes _____ No _____ Date _____

Church _____ Location _____

MARRIAGE:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Church _____ Location _____

Married by a Priest? Yes _____ No _____ Date _____