

This form for parish use only: all information is confidential. Your cooperation will help your parish to serve you. Please PRINT all answers clearly.

FAMILY INFORMATION

Number in Family _____
Family Last Name _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____
Family Email _____
May we send parish communications by email? Y N
Emergency Contact: Phone _____
Emergency Contact: Name _____
Previous Parish/City _____
What kinds of activities were you involved in at your previous parish? _____
Would you like contribution envelopes? Y N
Would you like to make electronic contributions? Y N
Does anyone in your family have special needs? _____
Homebound? _____
Languages other than English spoken in your home? _____
Would you like a staff member to call you? Y N

HEAD OF HOUSEHOLD M F
CIRCLE ONE

First Name _____
Nickname _____
Last Name if Different _____
Maiden Name _____
Cell Phone _____
Date of Birth ____/____/____
Religion _____
Marital Status: S M D W
CIRCLE ONE
Ethnicity: White Black Hispanic Asian AmerIndian Mixed
Education Completed: HS AA BA BS MA MS PhD MD LLD Student
Occupation _____
Employer/College _____
SACRAMENTS RECEIVED
Baptized? Y N
City/Church _____
1st Eucharist? Y N
Confirmation? Y N
Married in the Catholic Church? Y N

SPOUSE M F
CIRCLE ONE

First Name _____
Nickname _____
Last Name if Different _____
Maiden Name _____
Cell Phone _____
Date of Birth ____/____/____
Religion _____
Marital Status: S M D W
CIRCLE ONE
Ethnicity: White Black Hispanic Asian AmerIndian Mixed
Education Completed: HS AA BA BS MA MS PhD MD LLD Student
Occupation _____
Employer/College _____
SACRAMENTS RECEIVED
Baptized? Y N
City/Church _____
1st Eucharist? Y N
Confirmation? Y N
Married in the Catholic Church? Y N

Please place completed form in collection plate, or mail to St. Agnes Cathedral, 533 S Jefferson, Springfield MO 65806. Date Registered: _____