

**CHILDREN LIVING AT HOME**

1.	2.	3.	4.	5.
Child's First Name				
Last if Different				
Gender M/F				
Date of Birth				
Baptized Y/N				
Place of Baptism				
1st Eucharist Y/N				
Confirmation Y/N				
Grade				
School				



Fr. Mike

*On behalf of the staff and parishioners of St. Agnes I would like to welcome you to membership in the Parish. As Pastor I am happy to have new members and hope that you will join with us in making this the coolest/warmest church in Springfield.*

*Yours in Christ,  
Fr. Mike Mc Devitt*

# Welcome

## To St. Agnes Cathedral Parish

**New Parishioner Registration Form**



**St. Agnes Cathedral**  
 533 S. Jefferson Avenue  
 Springfield MO 65809  
 417-831-3565

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  
CIRCLE ONE

Education Completed:

HS AA BA BS MA MS PhD MD LLD Student  
CIRCLE ONE

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  
CIRCLE ONE

Education Completed:

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**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.