

Cathedral Basilica of Saint Augustine

Addresses outside our parish boundaries require Pastor's approval-Must live at this address more than 6 months per year

Envelope Number: _____

Today's Date: _____

Title (circle one) Mr. & Mrs. Mr. Mrs. Ms. Miss. Dr. & Mrs.

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

If PO Box give street address: _____

Home Phone: _____ Cell Phone: _____

Marital Status
(Check one)

- Married
- Single
- Divorced
- Widowed
- Other

Member Information

Head of Household

Name: _____

Maiden name: _____

Religion: _____

Cell Phone: _____

Email: _____

Birth date: _____ Sex _____

Baptism: YES / NO Year _____

Name of Church _____

Address _____

City/State _____

First Communion: YES / NO

Confirmation : YES / NO

Spouse

Name: _____

Maiden name: _____

Religion: _____

Cell Phone: _____

Email: _____

Birth date: _____ Sex _____

Baptism: YES / NO Year _____

Name of Church _____

Address _____

City/State _____

First Communion: YES / NO

Confirmation : YES / NO

Child

(Under 18)

Name: _____

Religion: _____

Birth date: _____ Sex _____

Baptism: YES / NO Year _____

Name of Church _____

Address _____

City/State _____

First Communion: YES / NO

Confirmation : YES / NO

Child

(Under 18)

Name: _____

Religion: _____

Birth date: _____

Sex _____

Baptism: YES / NO

Year _____

Name of Church: _____

Address: _____

City/State: _____

First Communion: YES / NO

Confirmation : YES / NO

Child

(Under 18)

Name: _____

Religion: _____

Birth date: _____

Sex _____

Baptism: YES / NO

Year _____

Name of Church: _____

Address: _____

City/State: _____

First Communion: YES / NO

Confirmation : YES / NO

Child

(Under 18)

Name: _____

Religion: _____

Birth date: _____

Sex _____

Baptism: YES / NO

Year _____

Name of Church: _____

Address: _____

City/State: _____

First Communion: YES / NO

Confirmation : YES / NO

Parent or Other

Name: _____

Religion: _____

Birth date: _____

Sex _____

Baptism: YES / NO

Year _____

Name of Church: _____

Address: _____

City/State: _____

First Communion: YES / NO

Confirmation : YES / NO