

PARISH OF ST. CECILIA – ST. GABRIEL

STAMFORD CT 06905 – 203.322.1562 – OFFICE@STCECILIA-STGABRIEL.ORG

Reg Date

Family Name _____		Mailing Name (Ex: Mr. & Mrs. John Doe) _____	
Street Address _____			Apt or Unit # _____
City _____	State _____	Zip _____	Former Parish _____
Home Phone _____	Emergency Phone _____	Relationship _____	

INDIVIDUAL MEMBER INFORMATION

ROLE: Circle	Head of Household, Husband, Wife, etc	Head of Household, Husband, Wife, etc
First Name (Formal)	_____	_____
First Name (Nickname)	_____	_____
Maiden Name	_____	_____
Date of Birth	_____	_____
City and State of Birth	_____	_____
Email	_____	_____
Cell Phone	_____	_____
Religion (if not Catholic)	_____	_____
Employer	_____	_____
Occupation	_____	_____
Work Phone	_____	_____
Other Languages	_____	_____
SACRAMENTAL INFORMATION		
BAPTISM DATE		
Church Name	_____	_____
City/State	_____	_____
Celebrant	_____	_____
FIRST COMMUNION DATE		
Church Name	_____	_____
City/State	_____	_____
Celebrant	_____	_____
CONFIRMATION DATE		
Church Name	_____	_____
City/State	_____	_____
Celebrant	_____	_____
MARITAL STATUS: Please Circle One: Single Married Widowed Separated Divorced Annulment		
Date of Marriage	_____	_____
Church Name	_____	_____
City/State	_____	_____
Celebrant	_____	_____

Please see reverse side to provide information on additional family members

FOR OFFICE USE ONLY: PARISH SOFT _____	OSV ENVELOPE # _____	INPUT BY _____	DATE _____
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DEPENDENT CHILDREN INFORMATION - PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE

1. Relationship to Head of Household: Son or Daughter or Other (please explain) _____
 Catholic? Yes No If No, other denomination _____ Language _____

Last Name	First Name	Date of Birth	Place of Birth
Baptism Date	Reconciliation Date	Confirmation Date	
Church	Communion Date	Church	
City & State	Church	City & State	
Celebrant	City & State	Celebrant	
Godfather	Celebrant	Sponsor	
Godmother			

2. Relationship to Head of Household: Son or Daughter or Other (please explain) _____
 Catholic? Yes No If No, other denomination _____ Language _____

Last Name	First Name	Date of Birth	Place of Birth
Baptism Date	Reconciliation Date	Confirmation Date	
Church	Communion Date	Church	
City & State	Church	City & State	
Celebrant	City & State	Celebrant	
Godfather	Celebrant	Sponsor	
Godmother			

3. Relationship to Head of Household: Son or Daughter or Other (please explain) _____
 Catholic? Yes No If No, other denomination _____ Language _____

Last Name	First Name	Date of Birth	Place of Birth
Baptism Date	Reconciliation Date	Confirmation Date	
Church	Communion Date	Church	
City & State	Church	City & State	
Celebrant	City & State	Celebrant	
Godfather	Celebrant	Sponsor	
Godmother			

4. Relationship to Head of Household: Son or Daughter or Other (please explain) _____
 Catholic? Yes No If No, other denomination _____ Language _____

Last Name	First Name	Date of Birth	Place of Birth
Baptism Date	Reconciliation Date	Confirmation Date	
Church	Communion Date	Church	
City & State	Church	City & State	
Celebrant	City & State	Celebrant	
Godfather	Celebrant	Sponsor	
Godmother			