

**St. Cecilia Church**  
**New Parishioner Registration Form**  
**2555 – 17<sup>th</sup> Avenue, San Francisco, CA 94116**  
**(415) 664-8481**

<b>FOR OFFICE USE ONLY</b>
Date Entered _____
Envelope # _____

Family Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Head of Household**

Name **Mr. Mrs. Ms. Miss Dr.** \_\_\_\_\_  
First MI Last

	Husband's Information (or Single Male)	Spouse's Information (or Single Female)
First Name		
Last Name		
Date of Birth		
Baptized Catholic?	Yes      No	Yes      No
Country of Birth		
Ethnicity		
Occupation		

What is the language spoken in your home? \_\_\_\_\_

Marital Status (Circle One) **Married   Single   Widowed   Divorced   Separated**

Name of Children in Residence	Gender	Date of Birth	Baptized Catholic?
	M   F		Yes   No
	M   F		Yes   No
	M   F		Yes   No
	M   F		Yes   No
	M   F		Yes   No

(Please complete the other side)

Have you ever been involved in ministries in your previous parish? If so, please list.

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Please check below if you are interested in any of the following ministries:

- Lector
- Choir
- St. Vincent de Paul
- Knights
- League of the Sacred Heart
- Sewing and Crafts
- Confirmation Program
- Adult Faith Formation
- Eucharistic Minister
- Youth Group
- Chinese Club
- Children's Faith Formation
- RCIA
- Legion of Mary
- Men of St. Cecilia

Please return this sheet to the rectory office at 2555 17<sup>th</sup> Avenue, San Francisco, CA 94116. Thank you and welcome to our Parish Family.

Please visit our website [www.stcecilia.com](http://www.stcecilia.com). We stream the video of our church on this site.