

**PARISH REGISTRATION FORM**  
**SS. CYRIL & METHODIUS CATHOLIC CHURCH**  
**306 S. Avenue F, Shiner, TX, 77984 – phone 361-594-3836**

New       Current Active Member       Current Non-Active Member       No longer a member of SS. Cyril & Methodius Catholic Church

**If you have checked “new,” “current active” or “current non-active” member, please fill out the entire form and return it either by mail or place in the Church collection basket. Thank you.**

**If you have checked “No longer a member of SS. Cyril & Methodius,” please fill out the first three lines of the information on this form and return it to the Church Office.**

Family Name: Last \_\_\_\_\_ First \_\_\_\_\_ Spouse \_\_\_\_\_

Title: Mr./Mrs. Mr. Mrs. Ms. Miss      P.O. Box \_\_\_\_\_ Street Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Please check Marital Status (if there are children at home, please indicate the number in space provided below):      E-mail \_\_\_\_\_

Married according to Church Law    Other Church Marriage    Civil Marriage    Single    Divorced    Separated    Widow    Children at Home/Number \_\_\_\_\_

**MEMBER INFORMATION**

**(Please fill out a column below for each member of your household)**

	Head of Household	Spouse	Child	Child	Child	Child	Other
First Name							
Last Name if Different Or Maiden Name		Maiden Name:					
Religion							
Handicap							
Languages Spoken							
Occupation							
Employer							
Bus. Phone; Ext.							
Grade, if student							
School							
Sex							
Birth Date							

(Please continue with information needed on back of form)

**SACRAMENTS**

Please indicate for each member of your household either **(Yes)** Received or **(No)** Not Yet Received

	<b>Head of Household</b>	<b>Spouse</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>	<b>Other</b>
First Name							
Last Name if Different Or Maiden Name		Maiden Name:					
Baptism							
At Church/City							
Penance							
1 <sup>st</sup> Communion							
Confirmation							
Matrimony							



**If you, or any of your family members, are interested in participating in one or more of the following activities, please indicate. A parish member from the activities indicated will contact you.**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Greeter/Usher (Hospitality)    | <input type="checkbox"/> Grief & Loss         | <input type="checkbox"/> RCIA                   | <input type="checkbox"/> CCD Teacher/Volunteer     |
| <input type="checkbox"/> Giftbearer(s)                  | <input type="checkbox"/> Car Transportation   | <input type="checkbox"/> Engaged Encounter      | <input type="checkbox"/> Bible Study Group         |
| <input type="checkbox"/> Choir (Youth & Adult)          | <input type="checkbox"/> Welcome Committee    | <input type="checkbox"/> Marriage Encounter     | <input type="checkbox"/> Vacation Bible            |
| <input type="checkbox"/> School                         |   |   |  |
| <input type="checkbox"/> Lector                         | <input type="checkbox"/> Altar Society        | <input type="checkbox"/> ACTS Retreats          | <input type="checkbox"/> Faith Sharing Group       |
| <input type="checkbox"/> Altar Server                   | <input type="checkbox"/> Christian Mothers    | <input type="checkbox"/> Quilting Circle        | <input type="checkbox"/> Church Maintenance        |
| <input type="checkbox"/> Communion Minister (Church)    | <input type="checkbox"/> Gabriel Project      | <input type="checkbox"/> Praise Group           | <input type="checkbox"/> Picnic Worker             |
| <input type="checkbox"/> Musician/Song Leader           | <input type="checkbox"/> St. Nicholas Society | <input type="checkbox"/> Sts. Cyril & Methodius | <input type="checkbox"/> Office Volunteer          |
| <input type="checkbox"/> Adoration of Blessed Sacrament | <input type="checkbox"/> Catholic Daughters   | <input type="checkbox"/> Assistance             | <input type="checkbox"/> Catholic School Volunteer |
| <input type="checkbox"/> Rosary Leader                  | <input type="checkbox"/> Knights of Columbus  | <input type="checkbox"/> KJT                    | <input type="checkbox"/> Computer Work             |
| <input type="checkbox"/> Shut-in/Elderly Ministry       | <input type="checkbox"/> Youth Group          | <input type="checkbox"/> KJZT                   | <input type="checkbox"/> Other (please specify):   |
| <input type="checkbox"/> Bereavement Committee          | <input type="checkbox"/> Prayer Group         | <input type="checkbox"/> Nursing Home           | _____  |

**If you are not currently receiving Church envelopes and would like to use them, please check here:**

**Any Comments:**

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