

Welcome to Sts Cyril and Methodius Parish

P.O. Box 608
Granger, TX 76530

sscmchurch@gmail.com
Registration Form

Office
512-859-2223

ID # _____ New: _____ Update: _____ **Family Information** Visitor: _____ Remove (Relocating): _____
Home Bound _____ / Nursing Home _____ Name of Nursing Home _____

Family Last Name _____

Street Address: _____
City/State: _____ Zip Code: _____
Mailing Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Unlisted? Yes No
Family Email: _____
Today's Date: _____

- I/We would like to receive offertory envelopes. Yes No
- I/We realize that Sts Cyril and Methodius Parish publishes an annual Directory.
I/We give permission that our family information may be published
in the directory Yes No (If NO, only name may be published)

Marital Status

- ____ Married in Catholic Church
- ____ Married in Other Church
- ____ Married in Civil Ceremony
- ____ Common Law Marriage
- ____ Single
- ____ Separated
- ____ Divorced
- ____ Widowed
- ____ Engaged
- ____ Other
- ____ Married
- ____ Unknown
- ____ Partnered

Individual Information

Head of Household #1

Last Name: _____
Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____
First Name: _____
Middle Name: _____ Maiden: _____
Informal or Nickname: _____
Suffix (circle one): Jr. Sr. III IV Other: _____
Email Address: _____
Cell Phone: _____
Religion: _____
Occupation: _____
Employer: _____
Work Phone: _____
Date of Birth: _____ Gender: Male Female
Ethnic Type: _____
Primary Language: _____ 2nd: _____

Sacrament Received

Baptism: _____
(Write Yes No; If YES, include Date, Location, City & State)
Reconciliation: _____
(Write Yes No; If YES, include Date, Location, City & State)
First Communion: _____
(Write Yes No; If YES, include Date, Location, City & State)
Confirmation: _____
(Write Yes No; If YES, include Date, Location, City & State)
Marriage: _____
(Write Yes No; If YES, include Date, Location, City & State)

Would like to receive information to complete Sacraments?: Yes No
Are you interested in RCIA? Yes No

Head of Household #2

Last Name: _____
Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____
First Name: _____
Middle Name: _____ Maiden: _____
Informal or Nickname: _____
Suffix (circle one): Jr. Sr. III IV Other: _____
Email Address: _____
Cell Phone: _____
Religion: _____
Occupation: _____
Employer: _____
Work Phone: _____
Date of Birth: _____ Gender: Male Female
Ethnic Type: _____
Primary Language: _____ 2nd: _____

Sacrament Received

Baptism: _____
(Write Yes No; If YES, include Date, Location, City & State)
Reconciliation: _____
(Write Yes No; If YES, include Date, Location, City & State)
First Communion: _____
(Write Yes No; If YES, include Date, Location, City & State)
Confirmation: _____
(Write Yes No; If YES, include Date, Location, City & State)
Marriage: _____
(Write Yes No; If YES, include Date, Location, City & State)

Would like to receive information to complete Sacraments?: Yes No
Are you interested in RCIA? Yes No

List minor children and other household members on next page

Minor Children (under the age of 18)

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament Received
(Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament Received
(Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament Received
(Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament Received
(Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament Received
(Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament Received
(Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

Adults (18 and over) who live with you

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament: Please note in the box above.

Relationship to you: _____

Is this person homebound or invalid? Yes No

If yes, would they like to receive communion at home? Yes No

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament: Please note in the box above.

Relationship to you: _____

Is this person homebound or invalid? Yes No

If yes, would they like to receive communion at home? Yes No

Last: _____
First: _____
Middle: _____
Informal or Nickname: _____
Religion: _____
Date of Birth: _____
Gender: Male Female

Sacrament: Please note in the box above.

Relationship to you: _____

Is this person homebound or invalid? Yes No

If yes, would they like to receive communion at home? Yes No