

# Cathedral of St. John the Baptist -- Registration Form

Date: \_\_\_\_\_

FAMILY NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Spouse's Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

TITLE (check one): \_\_\_Mr.& Mrs. \_\_\_Mr. \_\_\_Mrs. \_\_\_Miss \_\_\_Ms. \_\_\_Dr. & Mrs. \_\_\_Dr. & Mr. \_\_\_Sister/Religious

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Please list only people currently living with you.**

Please Complete	(1) HEAD	(2) SPOUSE	CHILD	CHILD	CHILD	OTHER
First Name*						
Last Name						
Marital Sta.*						
Religion*						
Occupation						
Company Name or School*						
Work Phone						
Child's Student Grade						
Sex (M or F)						
Sacraments*						
RCIA	Y N Date Completed:	Y N Date Completed:	Y N Date Completed:	Y N Date Completed:	Y N Date Completed:	Y N Date Completed:
Birth Date						

**Additional Family Members may be added on Page 2**

- \*First Name Please specify the name you preferred to be called.
- \*Marital Status:
  - ChuMar** = Married by a Catholic Priest/Deacon or having received dispensation by another minister.
  - Mar** = Married by a minister but without dispensation
  - CivMar** = Married by a civil official (judge, notary, etc.)
  - Sing** = Never Married **Div** = Divorced **Sep** = Separated
  - Wid** = Widowed
- \*Religion: Please specify (Catholic, Episcopalian, none, etc.)
- \*Location: Please identify where this person is employed, or if a student, enrolled.
- \*Sacraments: Please identify those sacraments each member of your family has received: **B** = Baptism, **FC** = First Communion, **C** = Confirmation, **M** = Matrimony, **P** = Penance

<b>OFFICE USE ONLY:</b>
Envelope # _____
Date Registered _____
Newsletter _____
Letter _____

**Cathedral of St. John the Baptist – REGISTRATION FORM (CONT.)**

**Reason for registration:  
(Check and answer)**

\_\_\_\_\_ Moved here recently from: \_\_\_\_\_

Parish: \_\_\_\_\_

\_\_\_\_\_ Transferring from another local parish: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Interested in finding out more about the Catholic Church

**Is there anything you need from the Cathedral right away?**

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**Additional Family Members:**

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**You may return this form via:**

**Email: [parish.secretary@charlestoncathedral.com](mailto:parish.secretary@charlestoncathedral.com)**

**Postal Mail:**

**Cathedral of St. John the Baptist  
120 Broad Street  
Charleston, SC 29401**

**Or, you may drop it by the parish office (M-F 9am to 4pm)**