



# Nativity B.V.M. Cathedral Parish

870 Howard Avenue • Biloxi, MS 39530 • (228) 374-1717

Fax (228) 374-1773 • [www.nativitybvmcathedral.org](http://www.nativitybvmcathedral.org)

## Parish Registration Form

Dear Parishioner:

Thank you for taking the time to complete and return this parish registration form. Please identify each member in your family, providing the requested information to the best of your ability. This information enables us to better serve you as well as run our parish more efficiently in the Catholic community.

When completed, you may place this form in the collection basket or mail it to our office. If assistance is needed, please call the parish office at 374-1717.



All Information Will Remain Confidential

## Family Information

Family Name \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

Mailing Name (ie, Mr. & Mrs. John Doe; Ms. Jane Doe) \_\_\_\_\_ Primary E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 1<sup>st</sup> Member – Head of Household

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Gender: M / F  
Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_ Date/Place of Marriage \_\_\_\_\_  
Check Sacraments Received (dates if known): Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
I would like to receive information on parish ministries \_\_\_\_\_

### 2<sup>nd</sup> Member – Spouse

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Gender: M / F  
Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_ Date/Place of Marriage \_\_\_\_\_  
Check Sacraments Received (dates if known): Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
I would like to receive information on parish ministries \_\_\_\_\_

### 3<sup>rd</sup> Member

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Gender: M / F  
Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_ Date/Place of Marriage \_\_\_\_\_  
Check Sacraments Received (dates if known): Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
Grade Level \_\_\_\_\_ School Attending \_\_\_\_\_

### 4<sup>th</sup> Member

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Gender: M / F  
Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_ Date/Place of Marriage \_\_\_\_\_  
Check Sacraments Received (dates if known): Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
Grade Level \_\_\_\_\_ School Attending \_\_\_\_\_

### 5<sup>th</sup> Member

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Gender: M / F  
Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_ Date/Place of Marriage \_\_\_\_\_  
Check Sacraments Received (dates if known): Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
Grade Level \_\_\_\_\_ School Attending \_\_\_\_\_

Does anyone in your family have any special needs or situations you wish to bring to our attention?