

# Cathedral of St. Ignatius Loyola Parish Registration Form

9999 N. Military Trail, Palm Beach Gardens, FL 33410  
Telephone: (561) 622-2565 Fax: (561) 624-9489

(Please complete this page for the family and the reverse side for each individual family member.)

Last Name - Family: \_\_\_\_\_

First Name - Primary: \_\_\_\_\_

First Name - Spouse: \_\_\_\_\_

Title: Mr. & Mrs., Mr., Mrs., Miss, Ms., Dr. Suffix: Jr., Sr., II, III, IV  
(Circle one) (Circle if used)

Name as appears on mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Family Status: (Married, Single, Divorced, Separated, Widowed, Engaged) (Circle one)

IF you are a Winter Resident please complete the information below:

Second Residence Address: \_\_\_\_\_

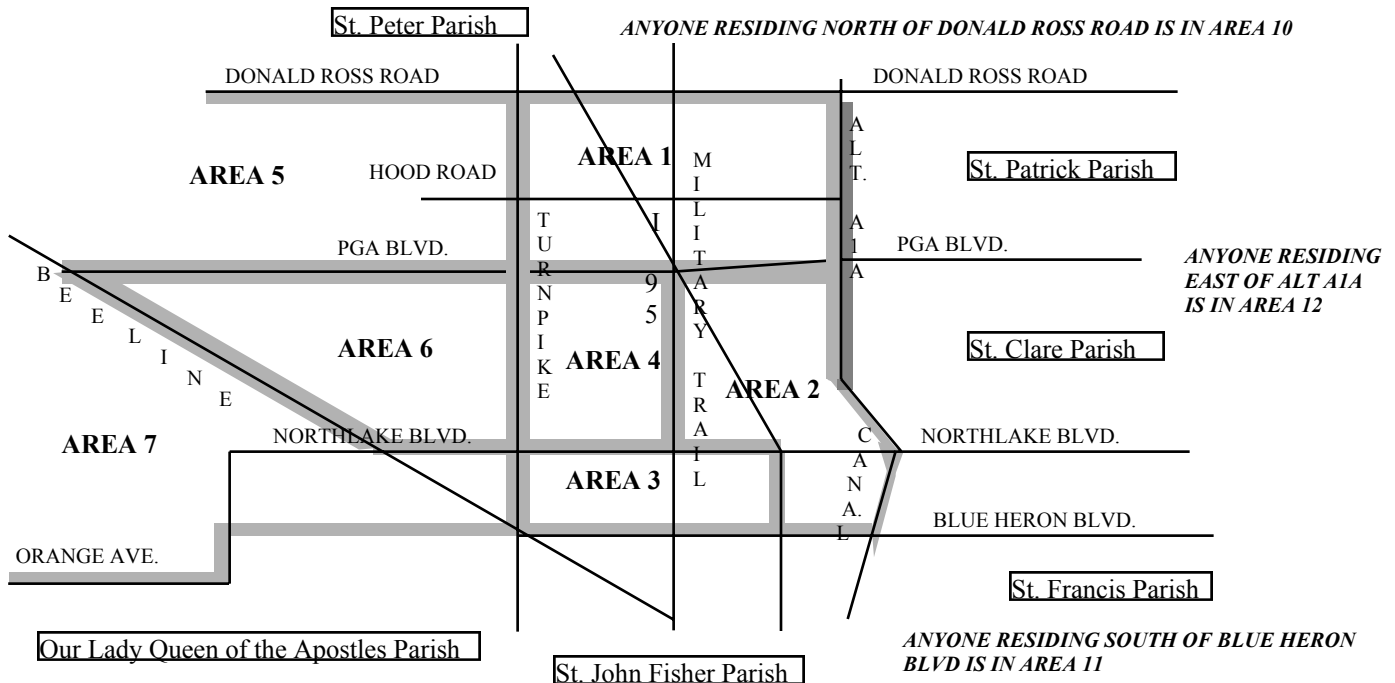
City/State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates at Second Residence: From Month: \_\_\_\_\_ Day: \_\_\_\_\_ to Month: \_\_\_\_\_ Day: \_\_\_\_\_

Send mail to second residence during that time: \_\_\_\_\_ (Yes/No)

While you are away Do you wish to receive our Offertory Envelopes: \_\_\_\_\_ (Yes/No)

Please indicate in which of the Regional Areas you live: \_\_\_\_\_. If you do not live within one of our 7 areas, as indicated below, it is suggested HOWEVER, not necessary that you to register at the Parish in the area in which you to live.



If you should have any questions regarding Parish Registration, do not hesitate to call the Parish office. Completed forms may be dropped into the offertory baskets during any Mass or delivered to the Rectory by mail, hand or fax. Thank you for taking the time to complete all sections of Family and Individual Membership Registration forms.

**MEMBER REGISTRATION FORM FRONT AND BACK OF FORM MUST BE COMPLETED**

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

Please Print all information.

**FAMILY NAME** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Resident: Permanent \_\_\_\_\_ If Seasonal \_\_\_\_\_

Work Phone: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Remarried \_\_\_\_\_ Engaged \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_ If Married: By a Priest? Yes \_\_\_ No \_\_\_ If No, is an Annulment required? Yes \_\_\_ No \_\_\_  
 Please provide highest \_\_\_\_\_

Head of Household Name: \_\_\_\_\_ Do you wish assistance in getting your marriage blessed? Yes \_\_\_ No \_\_\_ Grade Completed/ \_\_\_\_\_

Household Name:	Date of Birth	Gender & Religion	Baptized (Date/Location)	Penance (Date/Location)	1 <sup>st</sup> Commun. (Date/Location)	Confirmation (Date/Location)	School Location	Occupation / Grade
Spouse Name (Include Maiden): if applicable								
Children at Home with D.O.B Name (first & last)	Date of Birth							Pls fill in child' grade
1.								
2.								
3.								
4.								
5.								
Others Living with You								
1.								
2.								

Please return the completed form as soon as possible either by mail, or in person, or by depositing in the Offertory basket.. The information will be recorded in our Parish files. (Parishoner Signature) \_\_\_\_\_

Please list areas of Ministry Interest: (refer to attached list) \_\_\_\_\_