

Special Needs Survey

The following household member (s) have special needs as identified by the following letter (s).

- A. Hearing Impaired
- B. Visually Impaired
- C. Mental Disability
- D. Physical Disability
- E. Limited Mobility
- F. Homebound
- G. Nursing Home
- H. Other _____

Name: _____

Name: _____

Guarantee of Confidentiality

No registration data is ever released to outside agencies. Only parish staff will have access to the information you provide on this registration form and then only to the information they need. All individual information is held in the strictest of confidence. The parish planning bodies will have access only to aggregate data.

I would appreciate more information regarding:

- ____ Adult Confirmation
- ____ Annulment Process
- ____ Having my marriage blessed
- ____ Returning Catholic Program
- ____ How to get involved in Parish
- ____ Other: _____

My gifts or talents that I would like to share with the parish:

St. Cecilia Parish Registration Form

Location: 26900 78th Ave. NW
Mail: P. O. Box 1002
Stanwood, Washington 98292
Phone: 360-629-3737
Fax: 360-629-6127
email: cecilia1@catholicweb.com



Welcome, on behalf of the staff and parishioners of St. Cecilia Parish.

We invite you to worship and learn with us at our liturgies and through our many programs. May your membership in our parish family nurture your faith development journey. As you share your time and talent with the parish community, all of us will be enriched.

PLEASE PRINT ALL
INFORMATION.
THANK YOU.

First Name: _____

Last Name: _____

Phone: _____

Address: _____

City: _____

State/Zip: _____

Catholic: Yes No

Baptism: Yes No

Eucharist: Yes No

Confirmation: Yes No

Married: Yes No

Spouse:

First Name: _____

Last Name: _____

Catholic: Yes No

Baptism: Yes No

Eucharist: Yes No

Confirmation: Yes No

Email Address: _____

(Please print clearly)

**Do you want
Sacrificial Giving Envelopes?**

YES

NO

Date: _____

Office Use Only

Parish ID: _____

Entry Date: _____

Children at home:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Please call the Faith Formation
Office at 629-4425 to register
children for classes.

Please stop by the office to
return this form or drop it in the
mail or the offertory basket.
Thank you.

Office Hours:

Tuesday through Friday

8:30 AM to 3:30 PM

closed for lunch 12:30-1:30PM