

Please Print

Last Name
First Name
Spouse's Name

PARISH REGISTRATION
 The Parish Community of
 Saints Cyril and Methodius
 604 North Laurel Street
 Post Office Box 2099
 Hazleton, Pennsylvania 18201-0809

Office Use Only
Envelope #
Date of Registration
Date of Withdrawal

Mailing Address (How you want your mail addressed)

Mr. & Mrs. / Ms, etc	First Name	Middle Initial	Last Name		
Number	Street	Apt. #	City	State	Zip Code
Home Phone	Work Phone	Spouse's Work Phone			
Your Cell Phone	Spouse's Cell Phone				

Please complete the following section in full for yourself and all persons living with you.

List Only Those Living With You (Include Last Name, If Different)	SEX	Date of Birth	Religion	Baptized Yes/No	Confirmed Yes/No	Marital Status @	Attend Mass Regularly Yes/No	Occupation or Name of School and Grade
Your Name								
Spouse's Name								
Children								
Others Living With You	How Related							

I HAVE REGISTERED AS A PARISHIONER AT:

@ Marital Status

- N - Never Married
- M - Now Married
- W - Widowed
- J - Marriage Not Recognized by the Church
- S - Separated
- D - Divorced

(INDICATE PARISH NAME AND ADDRESS HERE)