



SS. Cyril & Methodius Parishioner Registration

608 Sobieski Street, Lemont, IL 60439

Phone: 630-257-2776 or Email: rectory@stcyril.org

Website: www.stcyril.org

Office Use Only

Registration Date _____

Family ID _____

Head of Household LAST Name _____ Wife's maiden name _____

Address _____ City/State _____ Zip _____

Cell 1 _____ Cell 2 _____ Email _____

Marital Status: Church Marriage Civil Marriage Ceremony Single Widowed Divorced Annulled

Date of Church Marriage: _____ Church of marriage _____ City/State _____

Are you planning a wedding at SSCM? Yes (date) _____ No Languages spoken: English Polish Spanish Other _____

PLEASE CHECK YOUR PREFERENCE: For Contributions I would you like to receive: Weekly envelopes EFT (www.givecentral.org)

PLEASE PRINT: FIRST NAME, MIDDLE INITIAL, LAST NAME	DATE OF BIRTH	GENDER M or F	BAPTIZED CATHOLIC Yes or No DATE IF KNOWN	1ST COMMUNION Yes or No DATE IF KNOWN	CONFIR- MATION Yes or No DATE IF KNOWN	Other FAITH	HS	COLLEGE	OCCUPATION
Husband/Fiancé									
Wife/Fiancée									
Other/Relative									
									SCHOOL or RELIGIOUS ED now attending
Child 1									
Child 2									
Child 3									
Child 4									

I would appreciate receiving more information about serving the parish in one or more of the following ministries: (please check)

- AAW (All are Welcome)
 Altar & Rosary
 Art & Environment
 Bereavement
 Wedding Sacristan
 Holy Name
 Helping Hands
 Liturgical Ministries
 Ministry of Care
 Music Ministry
 Respect Life
 Tree of Love
 Youth Ministry
 Catechists

Thank you for registering with our Parish. Please return this form to our Parish Life Building offices, collection basket, foyer drop box or email to rectory@stcyril.org