Save and email your completed form to info@aganacathedral.org OR Click to Submit Form

DULCE NOMBRE DE MARIA CATHEDRAL-BASILICA
207 Archbishop F.C. Flores St., Agaña GU 96910 ✠ Tel: 671-477-1842 / 472-6201 ✠ Fax: 671-472-1729 ✠ Web: www.aganacathedral.org

PARISH MEMBER
Registration Form

FOR OFFICE USE ONLY:	Date Received:	Received By:	Envelope No.

PERSONAL INFORMATION:

Last Name: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Occupation: _____

Home Phone: _____ Cell Phone/Pager: _____ Work Phone: _____

E-mail: _____ Home Address: _____

Mailing Address: _____

SPOUSE (if Applicable):

Spouse: _____
Last First Middle

Date of Birth: _____ Occupation: _____

E-mail: _____ Cell Phone/Pager: _____ Work Phone: _____

Place of Marriage: _____ Date of Marriage: _____

Officiated by: _____

CHILDREN (if Applicable):

Please list children (under the age of 18), from oldest to youngest. Please also indicate their date of birth and what sacraments they have received.

Name(s)	Date of Birth	Baptism	Communion	Confirmation	Marriage
1. _____	_____	☐	☐	☐	☐
2. _____	_____	☐	☐	☐	☐
3. _____	_____	☐	☐	☐	☐
4. _____	_____	☐	☐	☐	☐
5. _____	_____	☐	☐	☐	☐
6. _____	_____	☐	☐	☐	☐
7. _____	_____	☐	☐	☐	☐

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