

Saint Catherine of Siena Parish

(CONFIDENTIAL REGISTRATION FORM)

Welcome to all new families!!

FAMILY NAME: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY, STATE, ZIP: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ DATE: _____

MEMBER INFORMATION

SELF	SPOUSE/OTHER	CHILD	CHILD	CHILD
FIRST NAME				
LAST NAME – IF DIFFERENT				
DATE OF BIRTH MM/DD/YY				
RELIGION				
OCCUPATION				
GENDER	M F	M F	M F	M F
SACRAMENTS RECEIVED**				

****NUMBER CHART****

1 – BAPTISM 2 – RECONCILIATION 3 – COMMUNION 4 – CONFIRMATION 5 – MATRIMONY

Is your household multi-lingual? Y N Primary language _____ Secondary _____

If married, were you married before a Catholic Priest or Deacon? Y N Are you new to the area? Y N

Is a member of your household handicapped or homebound? Y N

Do you have any talents or interest in participating in any ministries? Y N