

St. Catherine of Siena Parish Registration

For Office Use Only	Env ID# _____	School Fam Yes / No _____
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www.stcatherineparish.net

Welcome to St. Catherine of Siena Parish! Please complete the 5 sections of this form. It will help us to learn about you and serve you better.

1. Today's Date ____ / ____ / ____

2. Registrant

Last Name _____

First Name _____

Title (Mr. Mrs. Ms.): _____ Marital Status _____

Occupation: _____

Religion: _____

Spouse

Last Name _____

First Name _____

Title (Mr. Mrs. Ms.): _____ Marital Status _____

Occupation: _____

Religion: _____

3. Family Information


Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

4. Sacramental Information: Complete for yourself and each family member. Please check each sacrament received.

Name	Date of Birth	Baptism	Eucharist	Confirmation	Reconciliation

5.  Need Special Assistance _____

I (we) would like to volunteer my (our) time doing _____