St. Catherine of Siena Registration Form

GENERAL INFORMATION

TODAYS DATE: _____ **Parish Use Only: Envelope #**_____

ADDRESS: _____ **CITY:** _____**STATE:** _____ **ZIP CODE:** _____

DO YOU PREFER ENVELOPES OR ONLINE GIVING? ☐ Envelopes ☐ Online Giving **INTERESTED IN IMPORTANT PARISH TEXT ALERTS?** ☐ YES ☐ NO

MASS PREFERENCE: ☐ SPANISH ☐ENGLISH ☐LATIN **LANGUAGE PREFERENCE:** ☐ SPANISH ☐ENGLISH

HEAD OF HOUSEHOLD

FIRST NAME: _____ **LAST NAME:** _____

PHONE NUMBER: (_____)_____ ☐ HOME ☐ CELL PHONE ☐ WORK

PHONE NUMBER: (_____)_____ ☐ HOME ☐ CELL PHONE ☐ WORK

EMAIL ADDRESS: _____ **SACRAMENTS RECEIVED:** ☐Baptism ☐1st Holy Communion ☐Confirmation

MARITAL STATUS: ☐Single ☐Cohabiting/Living with Partner ☐Civ. Married ☐ Divorced ☐Married in Catholic Church ☐Widow

SPOUSE

FIRST NAME: _____ **LAST NAME:** _____

PHONE NUMBER : (_____)_____ ☐ HOME ☐ CELL PHONE ☐ WORK

PHONE NUMBER : (_____)_____ ☐ HOME ☐ CELL PHONE ☐ WORK

EMAIL ADDRESS: _____ **SACRAMENTS RECEIVED:** ☐Baptism ☐1st Holy Communion ☐Confirmation

MARITAL STATUS: ☐Single ☐Cohabiting/Living with Partner ☐Civ. Married ☐ Divorced ☐Married in Catholic Church ☐Widow

CHILDREN LIVING AT HOME (Dependants only)

First and Last Name	Baptism	1st Comm.	Confirmation
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐