

NEW PARISHIONER REGISTRATION FORM

(Please PRINT)

Family Name (last name only): _____

Mailing Address: _____
Number Street (Apt.) City State Zip

Home Phone or Primary Phone: _____

MALE

FEMALE

First Name: _____

Middle Name: _____ Maiden: _____

Email Address: _____

Cell Number: _____

Date of Birth: _____

Religion: _____

Marital Status (**circle one**): Single Married Separated Divorced Widow/Widower

How did you find out about SCS? _____

OTHER ADULT LIVING AT HOME:

Full Name: _____ Date of Birth: _____

Gender: _____ Religion: _____ Phone: _____ Email: _____

CHILDREN LIVING AT HOME: (Please include this same information on the **reverse** side for additional children)

Full Name: _____ Date of Birth: _____

Gender: _____ Religion: _____

Full Name: _____ Date of Birth: _____

Gender: _____ Religion: _____

Full Name: _____ Date of Birth: _____

Gender: _____ Religion: _____

Full Name: _____ Date of Birth: _____

Gender: _____ Religion: _____

Thank you for registering at St. Catherine of Siena! Welcome!