

## 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

### **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! We welcome you to our parish!**