

ST. KATERI PARISH REGISTRATION

PLEASE PRINT CLEARLY AND LEGIBLY

FAMILY NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

PREFERRED TITLE (CIRCLE ONE) MR. & MRS., MR., MRS., MS., MISS, OTHER \_\_\_\_\_

FIRST NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RELIGION \_\_\_\_\_ RELIGION \_\_\_\_\_

Yes No

BAPTIZED

Yes No

Yes No

FIRST COMMUNION

Yes No

Yes No

CONFIRMATION

Yes No

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_ CITY & STATE \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

CHILDREN AT HOME:

NAME DATE OF BIRTH BAPTIZED COMMUNION CONFIRMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER ADULTS AT SAME ADDRESS:

NAME DATE OF BIRTH RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

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IN CASE OF EMERGENCY PLEASE CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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OFFICE USE ONLY: DATE OF REGISTRATION \_\_\_\_\_

ENVELOPE # \_\_\_\_\_

NOTES: \_\_\_\_\_

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