

St. Kateri Parish Registration

Date: _____

Family (Last) Name: _____

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

Baptised

Yes No

Yes No

First Communion

Yes No

Yes No

Confirmed

Yes No

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Place of Marriage _____ City & State _____

Date _____

Children at Home:

Name	Birth Date	Baptised	Communion	Confirmation

Other Adults at Same Address:

Name	Birth Date	Relationship

Emergency Contact: Name _____ Phone # _____

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Office Use: Date of New Registration _____ Envelope # _____