

ST. CATHERINE OF SIENA PARISH REGISTRATION FORM

Date _____

Registration# _____

Family Name: _____ Residency Year-round: ____ Seasonal: ____ (List months _____)

Street Address: _____ Apt/Lot _____ Email: _____

City / State: _____ Zipcode: _____ Home Phone: _____ Cell or 2nd Phone: _____

Emergency Contact: Name _____ Relationship _____ Contact# _____

Were you married by a Catholic Priest? _____ Name of Parish where married _____ Parish Location _____

First Name / Middle Name	Gender M / F	Ethnicity a.	Date of Birth	Baptized Catholic Y / N	Received 1 st Communion Y / N	Confirmed Y / N	Marital Status b.	Ministry Interest ?	Handicap c.	Home Bound	Occupation
Head of Household:											
Spouse:											
Children Living at Home / Show Last Name if different from Family name											School Grade
Other Adults Living with you											

a. Ethnicity: Caucasian, Black, Hispanic, Aasian b. Marital Status: Married, Single, Widowed, Divorced, Separated c. Handicap: Blind, Deaf, Walker, Cane, Wheelchair, Dev. Disability