

# REGISTRATION

St. Catherine of Siena Catholic Church

Date \_\_\_\_\_

**FOR OFFICE:**  
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 \_\_\_\_\_

Would you like to receive ENVELOPES for offertory?  YES  NO  I will do paperless Online Giving (Go to [SCOSparish.org/Online-Giving](http://SCOSparish.org/Online-Giving) to begin the process)

First Name / Middle Name	Gender M/F	Ethnicity *	Date of Birth	Baptized Catholic Y/N	Received 1 <sup>st</sup> Communion Y/N	Confirmed Y/N	Marital Status **	Ministry Interest?	Handicap ***	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											

\* Ethnicity: Caucasian, Black, Hispanic, Asian

\*\* Marital Status: Married, Single, Widowed, Divorced, Separated

\*\*\*Handicap: Blind, Deaf, Use Walker/Cane/Wheelchair, Developmental Disability