

St. Catherine of Siena Catholic Church
Registration Form in English

General Household Information

Today's Date: _____
Registration No.: _____

Family Last Name: _____
Family Address: _____ Apt/Unit #: _____
City & State: _____ Zip Code: _____
Home Telephone: _____ Primary Email Address: _____

Purpose for Registering Today: Participate in Parish life Need to be registered to Baptize Child Going to be Married
CAN MARK MORE THAN ONE BOXES, IF APPLICABLE Registering child(ren) in Religious Education Need Sponsor Certificate

Home's Primary Language: English Spanish French Creole Other: _____

Head of Household:

Gender: Male Female

Full Name: _____
FIRST NAME MIDDLE LAST NAME

Date of Birth: _____ Religion Practiced at Home: _____
(Ex. month/day/year) (Ex. Catholic, Episcopal, Methodist, Jewish, etc.)

Occupation/Profession: _____ Cellular Phone: _____

Marital Status: Single Married* - Date Married: _____ Divorced Separated Widow
MARK ONLY ONE BOX (Ex. month/day/year)

*If Married, was it a: Catholic Church Wedding Church (Non-Catholic) Wedding Civil Ceremony Other Faith: _____

Name of last Church: _____ Locations: _____
(Ex. Miami, Havana, Merida, Lima, etc.)

Sacraments Received: Baptism..... Church Name: _____ Location: _____
 Holy Communion..... Church Name: _____ Location: _____
 Confirmation..... Church Name: _____ Location: _____

Spouse (MARRIED TO HEAD OF HOUSEHOLD):

Full Maiden Name: _____
First Name Middle Initial Maiden Last Name (NOT THE LAST NAME OF HUSBAND)

Date of Birth: _____ Religion Practiced at Home: _____
(Ex. month/day/year) (Ex. Catholic, Episcopal, Methodist, Jewish, etc.)

Occupation/Profession: _____ Cellular Phone: _____

Sacraments Received: Baptism..... Church Name: _____ Location: _____
 Holy Communion..... Church Name: _____ Location: _____
 Confirmation..... Church Name: _____ Location: _____

Dependant (Child) **Other (Ex. Father, Mother, In-Law, Nephew/Niece, Friend, etc.):** _____

Full Name: _____ Gender: Male Female
First Name Middle Initial Last Name

Date of Birth: _____ Religion Practiced at Home: _____
(Ex. month/day/year) (Ex. Catholic, Episcopal, Methodist, Jewish, etc.)

Occupation/Profession: _____ If Student, School's Name: _____

Sacraments Received: Baptism..... Church Name: _____ Location: _____
 Holy Communion..... Church Name: _____ Location: _____
 Confirmation..... Church Name: _____ Location: _____

(To enter more dependants or others that live in your household, please complete on reverse side of page)

