

## NEW PARISHIONER REGISTRATION FORM

(Please PRINT)

Family Name (last name only): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number Street (Apt.) City State Zip

Home Phone or Primary Phone: \_\_\_\_\_

**MALE**

**FEMALE**

First Name: \_\_\_\_\_

\_\_\_\_\_

Middle Name: \_\_\_\_\_

\_\_\_\_\_ Maiden: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

\_\_\_\_\_

Marital Status (**circle one**):            Single    Married    Separated    Divorced    Widow/Widower

How did you find out about SCS? \_\_\_\_\_

### **OTHER ADULT LIVING AT HOME:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Religion: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **CHILDREN LIVING AT HOME:** (Please include this same information on the **reverse** side for additional children)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Religion: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Religion: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Religion: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Religion: \_\_\_\_\_

**Thank you for registering at St. Catherine of Siena! Welcome!**