

PARISH REGISTRATION FORM

ST. CATHERINE OF SIENA
 4800 Convict Hill Road
 Austin, Texas 78749
 www.stcatherine-austin.org
 512-892-2420

Today's Date: _____

FOR OFFICE USE ONLY:

PDS Date: _____ PDS ID#: _____

Entered By: _____

| Family Name (Last) | Street Address | City | Zip | Home Phone | E-mail Address |
|--------------------|----------------|------|-----|------------|----------------|
| | | | | | |

How would you like your mail addressed? ___ Mr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. Send Envelopes? ___ Yes ___ No

| First Name | s e x | Cell Phone & Carrier | Occupation | Date of Birth | * Use Code Numbers Below * | | | Sacraments | | | | |
|------------|-------------|-------------------------|------------|---------------|----------------------------|-----------|--------------------|--|---|--|--|--|
| | | | | | Marital Status* | Religion* | Special Situation* | Baptized <small>(yes or no)</small> | First Eucharist <small>(yes or no)</small> | Confirmation <small>(yes or no)</small> | Reconciliation <small>(yes or no)</small> | |
| SELF | | | | | | | | | | | | |
| SPOUSE | | | | | Date Married | | | | | | | |

Children / Others (Living at Home; Please use the back if necessary)

| First Name | s e x | Phone | | Date of Birth | Last Name If Different | Religion* | Special Situation* | Baptized <small>(yes or no)</small> | First Eucharist <small>(yes or no)</small> | Confirmation <small>(yes or no)</small> | Reconciliation <small>(yes or no)</small> |
|------------|-------------|-------|--|---------------|------------------------|-----------|--------------------|--|---|--|--|
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H:\Registration Form 8/23/17 Last Revised

Optional:

Name of Emergency Contact

Phone:

| *Marital Status | *Religion | *Special Situation |
|--|---|---|
| 1. Catholic Church Marriage 6. Divorced 2. Other Church Marriage 7. Widowed 3. Civil Marriage 4. Single 5. Separated | 1. Catholic 6. Presbyterian 2. Baptist 7. Jewish 3. Episcopalian 8. Pentecostal 4. Lutheran 9. Other 5. Methodist | 1. Blind 2. Deaf 3. Mental Disability 4. Physical Disability 5. Shut-In |