

St. Catherine of Alexandria Roman Catholic Church

Registration Form

(Please Print)

Member and Family Information

Last Name: _____ (Maiden Name) _____ Married / Single

First Name: _____ D.O.B. ____ / ____ / ____

Please circle the Sacraments you have received (please circle those that apply).

Baptism, Confirmation, Holy Eucharist

Spouse Name:

Last Name: _____ (Maiden Name) _____ D.O.B. ____ / ____ / ____

First Name: _____

Please circle the Sacraments you have received (please circle those that apply).

Baptism, Confirmation, Holy Eucharist

****Were you married in the Roman Catholic Rite? YES _____ NO _____**

Names of Child/Children:

Please circle the Sacraments your child/ren have received (please circle those that apply).

B = Baptism C = Confirmation E = Holy Eucharist

01. _____ D.O.B. ____ / ____ / ____ B / C / E

02. _____ D.O.B. ____ / ____ / ____ B / C / E

03. _____ D.O.B. ____ / ____ / ____ B / C / E

04. _____ D.O.B. ____ / ____ / ____ B / C / E

05. _____ D.O.B. ____ / ____ / ____ B / C / E

*** If you need additional paper, please fill out another form if needed ***

Contact Information:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Email: _____ @ _____

Home telephone: () _____ Cell phone: () _____