



# ST. CATHERINE OF SIENA

## Catholic Church



<b>OFFICE USE ONLY</b>	FAMILY LAST NAME: _____		FIRST: _____		SPOUSE: _____	
ENV. / _____	TITLE: (Circle One) Mr./Mrs. Mr. Mrs. Ms. Dr./Mrs.		STREET ADDRESS: _____			
AREA / _____	P.O. Box: _____	CITY: _____	STATE: _____	ZIP CODE: _____		
DIOC / _____	PHONE No.: _____	Is PHONE No. LISTED? (Y) (N)		DATE REGISTERED: ____/____/____		
	MARITAL STATUS: (Circle One) <sup>1</sup> Chu Mar. Mar. Sing. Div. Sep. Wid.			NUMBER OF CHILDREN AT HOME: _____		
	CHURCH ATTENDANCE: (Circle One) FREQUENT REGULAR OCCASIONAL SELDOM			WILL YOU USE ENVELOPES? (Y) (N)		
	COMMENTS OR REMARKS: _____					

### MEMBER INFORMATION

	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER
FIRST NAME							
LAST NAME (IF DIFFERENT)							
MAIDEN NAME/SPOUSE							
ENV. /							
MARITAL STATUS							
RELIGION							
HANDICAP							
LANGUAGE SPOKEN <sup>2</sup>							
OCCUPATION							
LOCATION							
BUS. PHONE & EXT.							
GRADE							
SEX (Circle One)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
BIRTH DATE	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
BAPTISM DATE <sup>3</sup>	(Y) (N) (H) (U) ____/____/____	(Y) (N) (H) (U) ____/____/____	(Y) (N) (H) (U) ____/____/____	(Y) (N) (H) (U) ____/____/____	(Y) (N) (H) (U) ____/____/____	(Y) (N) (H) (U) ____/____/____	(Y) (N) (H) (U) ____/____/____

<sup>1</sup> CHU MAR - Married by a priest, SING - Single, SEP - Separated, MAR - Married by a minister, etc., DIV - Divorced, WID - Widowed/widower.

<sup>2</sup> Enter the languages spoken in the home (i.e. ENGLISH/SPANISH, GERMA/ENGLISH) with the main language listed first.

<sup>3</sup> Y - If the date is unknown, but the sacrament was received; H - Here (If the sacrament was received at our church); N - Sacrament has not been received; U - Unknown (No information is known of the sacrament).