

# PARISH REGISTRATION FORM

## ST. CATHERINE OF SIENA

4800 Convict Hill Road

Austin, Texas 78749

www.stcatherine-austin.org

Today's Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

PDS Date: \_\_\_\_\_ PDS ID#: \_\_\_\_\_

Welcome: \_\_\_\_\_

Cathedral: \_\_\_\_\_

Church DB: \_\_\_\_\_

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	Work Phone	Occupation	Date of Birth	* Use Code Numbers Below *			Sacraments				
					Marital Status*	Religion*	Special Situation*	Baptized (yes or no)	First Eucharist (yes or no)	Confirmation (yes or no)	Reconciliation (yes or no)	
SELF												
SPOUSE					Date Married							

### Children / Others ( Living at Home )

First Name	s e x	Work Phone (if applicable)	Catholic School Attending (if applicable)	Date of Birth	Last Name If Different	Religion*	Special Situation*	Baptized (yes or no)	First Eucharist (yes or no)	Confirmation (yes or no)	Reconciliation (yes or no)

H:\Registration Form 8/20/12 Last Revised

* 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