

St. Kateri Tekakwitha Parish Registration Form

2216 Rosa Road, Schenectady, NY 12309
346-6137; 370-3136

Family Last Name(s): _____ Telephone Number: _____ Date: _____

Address: _____ Email address: _____

Former Parish: _____

Adult First Names	Marital Status	Occupation & Employment Location/Phone Number	Gender	Date of Birth	Religion	Sacraments Baptism Date	Received-Eucharist	Yes/No Confirmed	Married by Priest Yes/No

Names of Children Living at home	Date of Birth	Sex M/F	Religion	Grade	School	Sacraments Baptism	Received Eucharist	Yes/No Confirmation

Homebound Adults: _____ (Would they appreciate a visit or Eucharist? _____)

Anyone in Nursing Home or Assisted Living Facility? ___ Yes ___ No. If Yes, Name and Location _____

We are grateful for your Financial Contribution:

I/We will: Donate Electronically ___ Use Envelopes ___ (Env. # ___)

Evangelist ___ Yes ___ No

NOTES: _____

For Office Use Only
Bulletin ___ Evg ___
Env Co ___ PDS ___
Card ___