

Office use only  
ID# \_\_\_\_\_  
Reg. Date \_\_\_\_\_  
Entered by(initials) \_\_\_\_\_

## St. Catherine of Sweden Parish Member Registration Form

### FAMILY INFORMATION

Desired Household Mailing Name (ex:Mr.&Mrs.John Doe) \_\_\_\_\_

Street Address: \_\_\_\_\_

City

State

ZipCode

Township: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ His Cell \_\_\_\_\_ Her Cell \_\_\_\_\_  
[ ] unlisted [ ] unlisted [ ] unlisted

### Church Financial Support:

Are you interested in online contributions? \_\_\_\_\_ (To sign up, visit our website [www.stcatherineofsweden.org](http://www.stcatherineofsweden.org) and Click on Faith Direct Parish eGiving.)

Do you wish to receive envelopes? They are available for \_\_\_\_\_ weekly donations -or- \_\_\_\_\_ monthly donations.

Marital status: \_\_\_\_\_

If married please complete the following: Date of Marriage \_\_\_\_\_

Is your Marriage recognized by the Catholic Church [ ] Yes or [ ] No

Church of Marriage \_\_\_\_\_ City & State \_\_\_\_\_

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### MEMBER INFORMATION

Family Member #1

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Title(Mr,Mrs,Dr,Ms) \_\_\_\_\_ Gender \_\_\_\_\_

Middle Name \_\_\_\_\_ Suffix(Sr,Jr,II) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Nickname \_\_\_\_\_

Family Relationship \_\_\_\_\_ Religion \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Special Needs/Disability \_\_\_\_\_

### Sacraments Received:

Baptism (Yes/No) Religion \_\_\_\_\_ Church \_\_\_\_\_ Date of Baptism \_\_\_\_\_  
City/State \_\_\_\_\_

First Communion (Yes/ No) Church \_\_\_\_\_  
City/State \_\_\_\_\_

Confirmation (Yes/No) Church \_\_\_\_\_  
City/State \_\_\_\_\_

(Please refer to appendix A for a list of St. Catherine of Sweden Liturgical/Social Ministries & organizations)  
I am interested in participating in : \_\_\_\_\_

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**MEMBER INFORMATION**

Family Member #2

**Last Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**First Name** \_\_\_\_\_ **Title**(Mr,Mrs,Dr,Ms) \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Middle Name** \_\_\_\_\_ **Suffix**(Sr,Jr,II) \_\_\_\_\_  
**Maiden Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Family Relationship** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Marital Status** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer/ School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Special Needs/Disability** \_\_\_\_\_

**Sacraments Received:**

**Baptism** (Yes/No) **Religion** \_\_\_\_\_ **Church** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_  
City/State \_\_\_\_\_

**First Communion** (Yes/ No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

**Confirmation** (Yes/No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

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I am interested in participating in : \_\_\_\_\_

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**MEMBER INFORMATION**

Family Member #3

**Last Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**First Name** \_\_\_\_\_ **Title**(Mr,Mrs,Dr,Ms) \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Middle Name** \_\_\_\_\_ **Suffix**(Sr,Jr,II) \_\_\_\_\_  
**Maiden Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Family Relationship** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Marital Status** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer/ School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Special Needs/Disability** \_\_\_\_\_

**Sacraments Received:**

**Baptism** (Yes/No) **Religion** \_\_\_\_\_ **Church** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_  
City/State \_\_\_\_\_

**First Communion** (Yes/ No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

**Confirmation** (Yes/No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

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I am interested in participating in : \_\_\_\_\_

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**MEMBER INFORMATION**

Family Member #4

**Last Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**First Name** \_\_\_\_\_ **Title**(Mr,Mrs,Dr,Ms) \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Middle Name** \_\_\_\_\_ **Suffix**(Sr,Jr,II) \_\_\_\_\_  
**Maiden Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Family Relationship** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Marital Status** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer/ School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Special Needs/Disability** \_\_\_\_\_

**Sacraments Received:**

**Baptism** (Yes/No) **Religion** \_\_\_\_\_ **Church** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_  
City/State \_\_\_\_\_

**First Communion** (Yes/ No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

**Confirmation** (Yes/No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

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I am interested in participating in : \_\_\_\_\_

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**MEMBER INFORMATION**

Family Member #5

**Last Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**First Name** \_\_\_\_\_ **Title**(Mr,Mrs,Dr,Ms) \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Middle Name** \_\_\_\_\_ **Suffix**(Sr,Jr,II) \_\_\_\_\_  
**Maiden Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Family Relationship** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Marital Status** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer/ School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Special Needs/Disability** \_\_\_\_\_

**Sacraments Received:**

**Baptism** (Yes/No) **Religion** \_\_\_\_\_ **Church** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_  
City/State \_\_\_\_\_

**First Communion** (Yes/ No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

**Confirmation** (Yes/No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

(Please refer to appendix A for a list of St. Catherine of Sweden Liturgical/Social Ministries & organizations)  
I am interested in participating in : \_\_\_\_\_

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**MEMBER INFORMATION**

Family Member #6

**Last Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**First Name** \_\_\_\_\_ **Title**(Mr,Mrs,Dr,Ms) \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Middle Name** \_\_\_\_\_ **Suffix**(Sr,Jr,II) \_\_\_\_\_  
**Maiden Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Family Relationship** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Marital Status** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer/ School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Special Needs/Disability** \_\_\_\_\_

**Sacraments Received:**

**Baptism** (Yes/No) **Religion** \_\_\_\_\_ **Church** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_  
City/State \_\_\_\_\_

**First Communion** (Yes/ No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

**Confirmation** (Yes/No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

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I am interested in participating in : \_\_\_\_\_

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**MEMBER INFORMATION**

Family Member #7

**Last Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**First Name** \_\_\_\_\_ **Title**(Mr,Mrs,Dr,Ms) \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Middle Name** \_\_\_\_\_ **Suffix**(Sr,Jr,II) \_\_\_\_\_  
**Maiden Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Family Relationship** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Marital Status** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer/ School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Special Needs/Disability** \_\_\_\_\_

**Sacraments Received:**

**Baptism** (Yes/No) **Religion** \_\_\_\_\_ **Church** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_  
City/State \_\_\_\_\_

**First Communion** (Yes/ No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

**Confirmation** (Yes/No) **Church** \_\_\_\_\_  
City/State \_\_\_\_\_

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I am interested in participating in : \_\_\_\_\_