



Saint Catherine of Siena *Catholic Parish*

We are happy to have you join the parish. Registering helps us to get to know you and connect you to what's happening here at St. Catherine's

Please print and fill out the next two pages. You can mail them or drop them in the collection basket.

Thanks and welcome!

**REGISTRATION
FORM**

ST. CATHERINE OF SIENA CHURCH KANSAS CITY

4101 E. 105th Terrace, Kansas City, Missouri 64137 www.saintcatherine.com 816-761-5483

Name _____ Phone Number _____ E-Mail Address _____

Street Address/P.O. Box _____ Apt.# _____ City _____ State _____ ZIP Code _____

TODAY'S DATE _____

Head of Household

First Name _____ Middle _____

Date of Birth _____
Month Day Year

- Catholic Widowed
 Non-Catholic Separated
 Single Divorced
 Married, other Married, Church recognized

Wedding anniversary _____

Please check Sacraments already received:
Sacrament Date/Church Received

Baptism _____ / _____

Reconciliation _____ / _____

1st Communion _____ / _____

Confirmation _____ / _____

Are you an active Catholic? Yes No

Occupation _____

Work Phone _____

E-Mail Add _____

Cell Phone _____

Race : Asian Black Hispanic
White Other

Education: HS Diploma Associates Degree
Bachelor's Degree Post Graduate
Technical School Certification

Language other than English _____

Special Needs _____

Spouse

First Name _____ Middle _____

Date of Birth _____
Month Day Year

- Catholic Widowed
 Non-Catholic Separated
 Single Divorced
 Married, other Married, Church recognized

Wedding anniversary _____ Maiden Name: _____

Please check Sacraments already received:
Sacrament Date/Church Received

Baptism _____ / _____

1st Communion _____ / _____

Confirmation _____ / _____

Are you an active Catholic? Yes No

Occupation _____

Work Phone _____

E-Mail Add _____

Cell Phone _____

Race : Asian Black Hispanic
White Other

Education: HS Diploma Associates Degree
Bachelor's Degree Post Graduate
Technical School Certification

Language other than English _____

Special Needs _____

Directions: Please complete the appropriate sections with as much information as you know. If you do not know the dates you received certain sacraments, please designate an approximate year. If you do know the church or parish where the sacrament was conferred, please add that information. Thank you.

Children or other adults living at home

Name _____ Date of Birth _____

Gender M / F School _____ Grade _____

Race [] African American [] Asian [] Hispanic [] Caucasian [] Other Language _____

Baptism Y / N First Communion Y / N Confirmation Y / N

Date _____ Date _____ Date _____

Church _____ Church _____ Church _____

Phone (if different) _____ E-Mail Address _____

Name _____ Date of Birth _____

Gender M / F School _____ Grade _____

Race [] African American [] Asian [] Hispanic [] Caucasian [] Other Language _____

Baptism Y / N First Communion Y / N Confirmation Y / N

Date _____ Date _____ Date _____

Church _____ Church _____ Church _____

Phone (if different) _____ E-Mail Address _____

Name _____ Date of Birth _____

Gender M / F School _____ Grade _____

Race [] African American [] Asian [] Hispanic [] Caucasian [] Other Language _____

Baptism Y / N First Communion Y / N Confirmation Y / N

Date _____ Date _____ Date _____

Church _____ Church _____ Church _____

Phone (if different) _____ E-Mail Address _____

Name _____ Date of Birth _____

Gender M / F School _____ Grade _____

Race [] African American [] Asian [] Hispanic [] Caucasian [] Other Language _____

Baptism Y / N First Communion Y / N Confirmation Y / N

Date _____ Date _____ Date _____

Church _____ Church _____ Church _____

Phone (if different) _____ E-Mail Address _____

If you need another form, please let us know. We will be happy to provide it or you may just make a copy of this side and complete the needed information. Thank you. And welcome to St. Catherine's Parish.

FOR OFFICE USE ONLY

_____ Distribution date _____ By _____ Census Recorded _____ Parish Envelope# _____