PLEASE PRINT ALL INFORMATION

St. Catherine of Siena

Ithaca, New York

PARISH REGISTRATION

LAST NAME(S) to appear on mailings:

MAILING ADDRESS including CITY

OFFICE USE ONLY

ZIP CODE + 4 (if known) – **TELEPHONE** – – **TODAY'S DATE**

EMAIL(S)

	List the **FIRST & LAST NAMES** of all members of the household:	Mr. Mrs. Miss Ms. Dr.	M/F	Single Married Partnered Divorced Separated Widowed	Date of Birth MM/YY	Religion e.g. Catholic, Protestant, Jewish, Other, None	✔ Sacraments Received: Baptism	Confirmation	1st Communion	1st Penance	How often attends Mass? Weekly Monthly 1x-2x per year	Education Highest Grade / Degree Completed	Occupation
ADULTS													
CHILDREN (under 21)													

• How long have you been a St. Catherine's parishioner? _____ years

• If married, was your wedding recognized by the Catholic Church? ☐ Yes ☐ No

• What municipality do you reside in? ☐ **CITY of** _____ / ☐ **TOWN of** _____ / ☐ **VILLAGE of** _____

• Are you registered at another local parish? ☐ Yes ☐ No If yes, which parish? _____

• Do you reside more than a month out of town (e.g. Florida) annually? ☐ Yes ☐ No

• Are there any special considerations? (e.g. homebound, differently abled, wheelchair, etc.) _____