

St. Catherine of Alexandria Catholic Church  
41875 C Street  
Temecula, CA 92592

Office Use Only
Envelope # _____
Date Submitted _____
NPN Orientation _____
Date _____
Inpitted in Parishsoft: _____

Welcome to St. Catherine of Alexandria Church. We require the following information on all our parishioners so that we may better serve the needs of our community. If you have any questions regarding this form or any other special concerns, please contact the parish office at 951-676-4403. Completing this form grants St. Catherine permission to include your name only in our bulletin welcoming you and/or your family to our parish community.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Previous Parish: \_\_\_\_\_ City: \_\_\_\_\_

**HEAD OF HOUSEHOLD**

**OTHER ADULT/PARENT**

Mark one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
First Name: _____
Last Name: _____
Date of Birth (mm/dd/yy): _____
E-mail _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separate <input type="checkbox"/> Divorced
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____
<input type="checkbox"/> Parish Pay Online Tithing <input type="checkbox"/> Weekly Envelopes
Ethnicity: Caucasian ___ Spanish ___ Asian ___ Other _____
Language: English _____ Other _____

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**Ministry Involvement (See bulletin for contact/phone number information.)**

Lector     Catechist     Altar Server     Eucharistic Minister     Women's Guild     Usher/Greeter

Choir     Youth Ministry     Office Aide     Knights of Columbus     Social Ministry     Rosary Makers

Rosary Makers     Ministry to the Sick and Homebound     Other

## Family Members

**\*\*\*\*If your child is over the age of 18, they will need to register separately in order to become a fully registered member.**

**Please indicate relationship:**  Son  Daughter  Other (specify) \_\_\_\_\_

Child's full name (as it appears on baptismal certificate): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Sacraments received (answer yes or no)

Baptism

Reconciliation

1<sup>st</sup> Eucharist

Confirmation

**Please indicate relationship:**  Son  Daughter  Other (specify) \_\_\_\_\_

Child's full name (as it appears on baptismal certificate): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Sacraments received (answer yes or no):

Baptism

Reconciliation

1<sup>st</sup> Eucharist

Confirmation

**Please indicate relationship:**  Son  Daughter  Other (specify) \_\_\_\_\_

Child's full name (as it appears on baptismal certificate): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Sacraments received (answer yes or no):

Baptism

Reconciliation

1<sup>st</sup> Eucharist

Confirmation

**Please indicate relationship:**  Son  Daughter  Other (specify) \_\_\_\_\_

Child's full name (as it appears on baptismal certificate): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Sacraments received (answer yes or no):

Baptism

Reconciliation

1<sup>st</sup> Eucharist

Confirmation

Please add comments or provide any additional information that will help us know and serve you better. Also indicate any special needs you and your family may have.