

Volunteer/Ministry Information

(Please print Clearly)

NAME: _____
Phone Number: () _____

Currently Involved in:	Would like to become involved in:

Parish Registration

St. Catherine of Alexandria Church
7005 Brockton Avenue
Riverside, CA 92506
(951) 781-9855



(Please Print Clearly)

NAME: _____
Last First

All information provided will be held in the strictest confidence.

For Pastoral use only

St. Catherine of Alexandria Church PARISH REGISTRATION

(PLEASE PRINT CLEARLY)

Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____ Email _____

Ethnicity:
 _____ Anglo _____ Hispanic
 _____ African-American
 _____ Asian/Pacific Islander
 Other: _____

Envelope #:

Do you desire offering envelopes? YES NO Mass Attendance: _____ Daily _____ Weekly _____ Monthly _____

FAMILY INFORMATION:

Last Name	First Name	Sex (M/F)	Birthday	Work Phone	Occupation	1st Language	Baptism (Y/N) Date & Parish	1st Communion (Y/N) Date & Parish	Confirmation (Y/N) Date & Parish	Married (Y/N)	Marriage/ Church Wedding Date & Parish	Deceased (Y/N) Date	Special Needs? Please Specify
1													
2													

CHILDREN: (Minor/Adult living at home)

3													
4													
5													
6													
7													

(ALL INFORMATION IS NEEDED)