

# REGISTRATION FORM for THE SACRAMENT OF THE HOLY EUCHARIST

Please **PRINT** - This information is required for our Church records.

1. CHILD'S FULL NAME: \_\_\_\_\_  
(First, Middle & Last Name)

CHILD'S BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)

2. HOME ADDRESS: \_\_\_\_\_

3. PHONES: ( ) \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)

EMAIL ADDRESS: \_\_\_\_\_

.....  
**CHURCH**

4. In which CATHOLIC CHURCH are you a **REGISTERED**, participating member? \_\_\_\_\_

5. CHURCH'S ADDRESS & PHONE NUMBER: \_\_\_\_\_  
(Other than St. Catherine of Siena Parish)

.....  
**PARENTS**

6. FATHER'S FULL NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(First, Middle & Last Name)

7. MOTHER'S FULL NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(First, Middle & Last Name)

**MAIDEN** Name \_\_\_\_\_

.....  
**BAPTISM**

8. CHURCH OF **CATHOLIC** BAPTISM: \_\_\_\_\_

9. CHURCH'S ADDRESS: \_\_\_\_\_

10. CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

11. DATE OF BAPTISM: \_\_\_\_\_ (month/day/year)

A **COPY** of your child's BAPTISMAL CERTIFICATE ***must be attached*** to this Registration.

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**SCHOOL**

12. WHAT SCHOOL DOES YOUR CHILD ATTEND? \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_

*This page is to be returned to the Church at the meeting for parents, with a **photocopy of the Baptismal Certificate STAPLED to the back.** Please keep page one for date references.*