

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

<input type="checkbox"/> Choir <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Office Aide <input type="checkbox"/> Knights of Columbus <input type="checkbox"/> Social Ministry <input type="checkbox"/> Rosary Makers
<input type="checkbox"/> Rosary Makers <input type="checkbox"/> Ministry to the Sick and Homebound <input type="checkbox"/> 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

1st 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

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Confirmation

Please indicate relationship: Son Daughter Other (specify) _____

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

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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.