

SANTA CATALINA CATHOLIC CHURCH

MEMBER REGISTRATION

FAMILY INFORMATION

Last Name _____ Main Contact Phone #: _(_____)_____

Street Address _____ City _____ Zip _____ - _____

Catalina ___ *SaddleBrooke* ___ *Copper Creek* ___ *Sun City* ___ *Quail Ridge* ___ *Oro Valley* ___ *Other* ___

If you are part-time Parishioners, which months are you here: _____

Out-of-state address: _____

CONTRIBUTION OPTIONS: Online Giving Envelopes (____ I need envelopes set-up)

HEAD OF HOUSEHOLD

First name _____ Last name _____ Maiden name _____

M / F Birth Date ___ / ___ / _____ Birth Place: _____ Religion: _____

Phone #: _(_____)_____ Email: _____

Occupation _____ Retired yes no

Sacraments received: Baptism Eucharist Reconciliation Confirmation Matrimony ___ / ___ / _____

Marital Status: Single Widowed Divorced Separated Married in Catholic Church Married-Other

Special Needs: _____ Ethnicity: _____ Spoken Language: _____

Share Your Time and Talents:

Please consider becoming an active member of our parish by getting involved in Parish Life. Our parish offers many ministries and group opportunities. **Please mark "I" for interested or "A" for active**

_____ Altar Linen Care	_____ Hispanic Ministry	_____ Quilting Group
_____ Altar Server	_____ Homebound Ministry	_____ RCIA Program
_____ Arts and Environment Committee	_____ Hospitality	_____ Religious Education
_____ Arts and Crafts Group	_____ Knights of Columbus	_____ Sassy Solos
_____ Bible Study	_____ Lector	_____ Social Awareness and Justice
_____ Choir (English/Spanish)	_____ Mass Coordinator	_____ Society of Our Lady of Guadalupe
_____ Collection Counters	_____ Outreach Ministry	_____ Stephen Ministry
_____ Dignity of Human Life	_____ Pastoral Council	_____ St. Vincent de Paul
_____ Dress a Girl Around the World	_____ Prayer Groups	_____ Youth Ministry
_____ Finance Council	_____ Prayer Shawl	
_____ Funeral Ministry		

Please continue on the next page

SPOUSE/SIGNIFICANT OTHER

First name _____ Last name _____ Maiden name _____

M / F Birth Date ___ / ___ / _____ Birth Place: _____ Religion: _____

Phone #: _(____)_____ Email: _____

Occupation _____ Retired yes no

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_____ Finance Council	_____ Prayer Shawl	
_____ Funeral Ministry		

CHILDREN / OTHER FAMILY MEMBERS LIVING WITH YOU

First name _____ Last name _____ Maiden name _____

M / F Birth Date ___ / ___ / _____ Birth Place: _____ Religion: _____

Current Grade: _____ School: _____

Sacraments received: Baptism Eucharist Reconciliation Confirmation Matrimony ___ / ___ / _____

Special Needs: _____ Ethnicity: _____ Spoken Language: _____

Phone #: _(____)_____ Email: _____

Occupation _____ Retired yes no

Marital Status: Single Widowed Divorced Separated Married in Catholic Church Married-Other
(For additional family members, please attach another page)

For Office Use ONLY

Date registered: ___/___/___ Date Entered: ___/___/___ Envelope # _____ Entered by: _____ Date: _____