

Date \_\_\_\_\_

### SANTA CATALINA MEMBER REGISTRATION

Family Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Catalina \_\_\_\_\_ Sun City \_\_\_\_\_ SaddleBrooke \_\_\_\_\_ Copper Creek \_\_\_\_\_  
Quail Ridge \_\_\_\_\_ Oro Valley \_\_\_\_\_ Other \_\_\_\_\_

Do you wish to use envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_

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If part-time Parishioners, the months you will be in Tucson \_\_\_\_\_

Your out-of-state address \_\_\_\_\_

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Head of household's first name \_\_\_\_\_ Birth Date \_\_\_\_\_ Religion \_\_\_\_\_

Baptized (Y-N) \_\_\_\_\_ Confirmed (Y-N) \_\_\_\_\_ First Communion (Y-N) \_\_\_\_\_

Occupation \_\_\_\_\_ Retired (Y-N) \_\_\_\_\_

If retired, previous occupation \_\_\_\_\_

Spouse's first name \_\_\_\_\_ Birth Date \_\_\_\_\_ Religion \_\_\_\_\_

Baptized (Y-N) \_\_\_\_\_ Confirmed (Y-N) \_\_\_\_\_ First Communion (Y-N) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation \_\_\_\_\_ Retired (Y-N) \_\_\_\_\_

Marital Status:

\_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

\_\_\_\_\_ Married in Catholic Church \_\_\_\_\_ Married-Other \_\_\_\_\_ Date: \_\_\_\_\_

Special Problems:

\_\_\_ Blind \_\_\_ Deaf \_\_\_ Shut-In \_\_\_ Mental Handicap \_\_\_ Physical Handicap

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**Other Adults Living at This Address:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Birth Date \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Baptized (Y-N) \_\_\_\_\_ Confirmed (Y-N) \_\_\_\_\_ First Communion (Y-N) \_\_\_\_\_

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**Children Living at This Address:**

1) Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in School \_\_\_\_\_

Baptized (Y-N) \_\_\_\_\_ Confirmed (Y-N) \_\_\_\_\_ First Communion (Y-N) \_\_\_\_\_

2) Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in School \_\_\_\_\_

Baptized (Y-N) \_\_\_\_\_ Confirmed (Y-N) \_\_\_\_\_ First Communion (Y-N) \_\_\_\_\_

3) Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in School \_\_\_\_\_

Baptized (Y-N) \_\_\_\_\_ Confirmed (Y-N) \_\_\_\_\_ First Communion (Y-N) \_\_\_\_\_

- 4) Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in School \_\_\_\_\_  
 Baptized (Y-N) \_\_\_\_\_ Confirmed (Y-N) \_\_\_\_\_ First Communion (Y-N) \_\_\_\_\_
- 5) Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in School \_\_\_\_\_  
 Baptized (Y-N) \_\_\_\_\_ Confirmed (Y-N) \_\_\_\_\_ First Communion (Y-N) \_\_\_\_\_

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Additional information: If you or any member of your household would care to get more involved in parish life, indicate your preferences from among the following. Mark with the person's name (or initial) and the letter (A or I).

(A for active)

(I for interested)

<b>SKILLS</b>	
_____	Altar Server
_____	Musician
_____	Lector
_____	Eucharistic Minister
_____	Minister of Hospitality (Usher)
_____	Catechist, Teacher
_____	CCD Helper
_____	Martha's Kitchen
_____	Teen Group Leaders
_____	Collection Counters
_____	Make/sew Banners
_____	Altar Linen Care
_____	Liturgy Planning
_____	Visiting Hospital, etc.
_____	Yard Maintenance
_____	Building Maintenance
_____	Office Project Volunteer

<b>CHURCH ORGANIZATIONS</b>	
_____	C.A.R.E. Ministry
_____	Shawl Ministry
_____	Religious Education Program
_____	Knights of Columbus
_____	Finance Committee
_____	Bereavement Ministry
_____	Poverty 24/6
_____	Youth Ministry
_____	Liturgy Committee
_____	Adult Choir, English
_____	Mixed-age Choir, Spanish
_____	Festival Worker
_____	Festival Committee
_____	St. Vincent de Paul
_____	Pastoral Council Member
_____	RCIA Program
_____	Prayer Group (Charismatic, etc.)
_____	Sassy Solos
_____	Banner Ministry