

St. Catheríne of Síena Church 2 Whíte Brídge Rd Píttstown, NJ 08867 (908) 735-4024

PARISH REGISTRATION FORM

Family Name:						
Title:	Mr. & Mrs. / Mr. / Mrs. / Ms. / Miss / Dr. / Dr. & Mrs. / Mr. & Dr. / Other					
Residence Address:		City:	State:	Zip:		
Mailing Address: (if Different)		City:	State:	Zip:		
Home Phone:				-		
Work Phone:						
Cell Phone:						
Legal Status:	Single / Married* /Separated Divorced /Widowed	* If married : was your marriage in a Catholic Church Yes / No	* If married, ma	rriage date?		
Previous Parish:						
Email Address:	#1	#2				

	Adult	Adult	Child	Child	Child	Child /Other
First Name						
Last (if different)						
Maiden Name						
Religion						
Gender (circle one)	Male / Female					
Date of Birth						
Baptism Name of Church, City & State	Yes / No					
Communion	Yes / No					
Confirmation	Yes / No					
Occupation						
Mass Attendance (circle one)	Weekly	Occasionally	Seldom			

Official Use Only	Pastor:	Finance:	OSV:	ParishSoft:
(Initial & Date Each)				