



Saint Kateri Tekakwitha Parish Parishioner Registration/Update Form

Please complete this form, save and email to iKateri@dor.org

I heard about Saint Kateri parish from:

<input type="checkbox"/> Electronic Media	<input type="checkbox"/> Print Media	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Other
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Family Information:

Last Name:			
Family Email:			
Envelopes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	<input type="checkbox"/> Unlisted
Envelope Number:		Other Phone:	<input type="checkbox"/> Unlisted

Address Information:

Address 1:			
Address 2:			
City:		State:	Zip/Postal:

Member Information: If adding more than two family members, please continue to the back of this form.

	Member #1 - <input type="checkbox"/> Add <input type="checkbox"/> Update	Member #2 - <input type="checkbox"/> Add <input type="checkbox"/> Update
First Name:		
Nick Name:		
Middle Initial:		
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden Name:		
Date of Birth:		
Email Address:		
Work Phone:		
Cell Phone:		
Sacraments Received:	<input type="checkbox"/> Baptism <input type="checkbox"/> First Penance <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> First Penance <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage
Special Needs Please List: (i.e. Allergies, etc.).		

Additional Family Member Information

	Member #3 - <input type="checkbox"/> Add <input type="checkbox"/> Update	Member #4 - <input type="checkbox"/> Add <input type="checkbox"/> Update
First Name:		
Nick Name:		
Middle Initial:		
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden Name:		
Date of Birth:		
Email Address:		
Work Phone:		
Cell Phone:		
Sacraments Received:	<input type="checkbox"/> Baptism <input type="checkbox"/> First Penance <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> First Penance <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage
Special Needs Please List: (i.e. Allergies, etc.).		

	Member #5 - <input type="checkbox"/> Add <input type="checkbox"/> Update	Member #6 - <input type="checkbox"/> Add <input type="checkbox"/> Update
First Name:		
Nick Name:		
Middle Initial:		
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden Name:		
Date of Birth:		
Email Address:		
Work Phone:		
Cell Phone:		
Sacraments Received:	<input type="checkbox"/> Baptism <input type="checkbox"/> First Penance <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> First Penance <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage
Special Needs Please List: (i.e. Allergies, etc.).		