

Saint Katharine Drexel Church - Parish Registration

Today's Date: _____

Mailing Title: Mr. & Mrs. / Mr. / Mrs. / Ms.

Marital Status: Married / Single / Engaged / Divorced / Separated / Widowed

Family Name: _____ Home Phone: _____

Address: _____ City & State: _____

Former Parish Name: _____ City & State: _____

	Head of Household	Spouse	Child	Child	Child
First Name					
Preferred Name					
Middle Name					
Last Name (Maiden)					
Sex (M/F)					
Date of Birth					
Race (optional)					
Cell Phone					
Email Address	@	@	@	@	@
Occupation/School					
Religion					
Catholic Sacraments Received	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> *	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> *	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
*If married, list Date, Church, City & State &					

Is any member of your household disabled? If yes, please provide details :

Emergency Contact Name _____ Emergency Contact Phone Number _____

Please list additional family members on back

Parish Ministries

- Altar Servers
- Choir
- Caring Community
- Music Ensemble
- Lectors
- Extraordinary Ministers of Holy Communion
- Greeters/Ushers
- Adoration
- Autumn Fest
- Youth Ministry
- Faith Formation
- That Man Is You
- Council of Catholic Women
- Knights of Columbus
- Prayer Shawl Ministry
- No Pressure Book Group
- Property & Maintenance
- Safety & Security
- Bereavement Support

Stewardship Contributions

Would you like to receive Envelopes for Contributions?

_____ YES _____ NO

Would you prefer to give on-line using a debit or credit card using Vanco?

_____ YES _____ NO

Enroll online www.secure.myvanco.com/L-ZFKF/home

Other Comments :

	Child	Child	Child	Other (specify relationship)	Other (specify relationship)
First Name					
Preferred Name					
Middle Name					
Last Name (Maiden)					
Sex (M/F)					
Date of Birth					
Race (optional)					
Cell Phone					
Email Address	@	@	@	@	@
Occupation/School					
Religion					
Catholic Sacraments Received	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> *	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> *
*If married, list Date, Church, City & State					