PLEASE PRINT ALL INFORMATION

St. Catherine of Siena

Ithaca, New York

PARISH REGISTRATION

NAME(S) to appear on mailings *(How would you like your household addressed on parish mailings?)*:

MAILING ADDRESS including CITY

ZIP CODE + 4 (if known) _____ – _____

PRIMARY HOUSEHOLD PHONE # _____ – _____ – _____

TODAY'S DATE _____

OFFICE USE ONLY

	List all members of the household: First Name	Last Name	M/F	Mr. Mrs. Miss Ms. Dr.	Single Married Partnered Divorced Separated Widowed	Date of Birth MM/YY	Religion e.g. Catholic, Protestant, Jewish, Other, None	✔ Sacraments: Baptism	Confirmation	1st Communion	1st Penance	Work/cell phone # (where you can be reached during daytime hours)	Email address
ADULTS													
CHILDREN													

• Are you registered at another local parish? ☐ Yes ☐ No If yes, which parish? _____

• Do you reside out of town for more than a month annually? **IF YES** Please list the dates you are **not** in Ithaca **AND** your other address for forwarding collection envelopes:

From (MM/DD):_____ To (MM/DD):_____ Address:_____

• Which mass do you usually attend? Circle one: Saturday 5pm Sunday 9am Sunday 11:30am

• Are there any special considerations? (e.g. homebound, differently abled, wheelchair, etc.) _____