

## **Volunteer/Ministry Information**

**(Please print Clearly)**

<b>NAME:</b> _____
<b>Phone Number:</b> (       ) _____

<b>Currently Involved in:</b>	<b>Would like to become involved in:</b>



**Parish Registration**  
**St. Catherine of Alexandria Church**  
**7005 Brockton Avenue**  
**Riverside, CA 92506**  
**(951) 781-9855**



**(Please Print Clearly)**

<b>NAME:</b> _____	
<b>Last</b>	<b>First</b>

*All information provided will be held in the strictest confidence.*

*For Pastoral use only*

**St. Catherine of Alexandria Church  
PARISH REGISTRATION**

(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_  
 Adress \_\_\_\_\_  
 City,State,Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**Ethnicity:**  
 \_\_\_\_\_ Anglo \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ African-American  
 \_\_\_\_\_ Asian/Pacific Islander  
 Other: \_\_\_\_\_

**Envelope #:**  
 \_\_\_\_\_

Do you desire offering envelopes? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Mass Attendance: \_\_\_\_\_ **Daily** \_\_\_\_\_ **Weekly** \_\_\_\_\_ **Monthly**

**FAMILY INFORMATION (PARENT/ADULT):**

Last Name	First Name	Sex (M/F)	Birthday	Work Phone	Occupation	Ist Language	Baptism (Y/N) Date & Parish	Ist Communion (Y/N) Date & Parish	Confirmation (Y/N) Date & Parish	Married In Church (Y/N)	Church Wedding Date	Deceased (Y/N) Date	Special Needs? Please Specify
1													
2													

**CHILDREN: (Minor/Adult living at home)**

3													
4													
5													
6													
7													

(ALL INFORMATION IS NEEDED)