

WELCOME TO ST. CATHERINE OF SWEDEN PARISH!

Below you will find our Parish Registration Form. Please print the first page and any additional pages necessary to include each family member's information. On the printed forms, please provide as much complete information as you possibly can in the family and individual member sections. (If you are unable to print the form, please call the Parish Office and we will mail you a copy.)

The Welcome Booklet, your reference for important parish contact information and parish ministries, is available on the website Home Page by clicking the button below "Parish Registration".

Please return your completed registration form to the Parish Office via the collection basket, by mail or in person. Our mailing address is:

St. Catherine of Sweden Parish
2554 Wildwood Road
Allison Park, PA 15101

We look forward to you becoming an active member of St. Catherine of Sweden Parish. If you have any questions or need assistance, please do not hesitate to contact the Parish Office at 412-486-6001.



St. Catherine of Sweden Parish Member Registration Form

FAMILY INFORMATION

Desired Household Mailing Name (ex: Mr. & Mrs. John Doe) _____

Street Address: _____

City

State

ZipCode

Township: _____ Email Address: _____

Phone Number: Home _____ [] His Cell _____ Her Cell _____
unlisted

Church Financial Support:

Are you interested in online contributions? _____ (To sign up, visit our website "www.stcatherineofsweden.org" and click on Electronic Giving.)

Would you like to receive envelopes? They are available for _____ weekly donations -or- _____ monthly donations.

MEMBER INFORMATION

Family Member #1

Last Name _____ Birthdate _____

First Name _____ Title (Mr., Mrs., Dr., Ms.) _____ Gender _____

Middle Name _____ Suffix (Sr., Jr., II) _____

Maiden Name _____ Nickname _____

Family Relationship _____ Religion _____

Marital Status _____ Valid Catholic Marriage _____ Church of Marriage _____

Occupation _____ Employer _____

School Attending _____ Grade _____

Special Needs/Disability _____

Sacraments Received:

Baptism (Yes / No) Religion _____

Church _____

City/State _____

First Communion (Yes/ No) Church _____

City/State _____

Confirmation (Yes/No) Church _____

City/State _____

(Please refer to Welcome Booklet for a list of St. Catherine of Sweden Liturgical/Social Ministries & Organizations.)

I am interested in participating in: _____

Family Member #2

Last Name _____ Birthdate _____
First Name _____ Title (Mr., Mrs., Dr., Ms.) _____ Gender _____
Middle Name _____ Suffix (Sr., Jr., II) _____
Maiden Name _____ Nickname _____

Family Relationship _____ Religion _____
Marital Status _____ Valid Catholic Marriage _____ Church of Marriage _____
Occupation _____ Employer _____
School Attending _____ Grade _____
Special Needs/Disability _____

Sacraments Received:

Baptism (Yes / No) Religion _____
Church _____
City/State _____
First Communion (Yes/ No) Church _____
City/State _____
Confirmation (Yes/No) Church _____
City/State _____

(Please refer to Welcome Booklet for a list of St. Catherine of Sweden Liturgical/Social Ministries & Organizations.)

I am interested in participating in: _____

Family Member #3

Last Name _____ Birthdate _____
First Name _____ Title (Mr., Mrs., Dr., Ms.) _____ Gender _____
Middle Name _____ Suffix (Sr., Jr., II) _____
Maiden Name _____ Nickname _____

Family Relationship _____ Religion _____
Marital Status _____ Valid Catholic Marriage _____ Church of Marriage _____
Occupation _____ Employer _____
School Attending _____ Grade _____
Special Needs/Disability _____

Sacraments Received:

Baptism (Yes / No) Religion _____
Church _____
City/State _____
First Communion (Yes/ No) Church _____
City/State _____
Confirmation (Yes/No) Church _____
City/State _____

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I am interested in participating in: _____

Family Member #4

Last Name _____ Birthdate _____
First Name _____ Title (Mr., Mrs., Dr., Ms.) _____ Gender _____
Middle Name _____ Suffix (Sr., Jr., II) _____
Maiden Name _____ Nickname _____

Family Relationship _____ Religion _____
Marital Status _____ Valid Catholic Marriage _____ Church of Marriage _____
Occupation _____ Employer _____
School Attending _____ Grade _____
Special Needs/Disability _____

Sacraments Received:

Baptism (Yes / No) Religion _____
Church _____
City/State _____
First Communion (Yes/ No) Church _____
City/State _____
Confirmation (Yes/No) Church _____
City/State _____

(Please refer to Welcome Booklet for a list of St. Catherine of Sweden Liturgical/Social Ministries & Organizations.)

I am interested in participating in: _____

Family Member #5

Last Name _____ Birthdate _____
First Name _____ Title (Mr., Mrs., Dr., Ms.) _____ Gender _____
Middle Name _____ Suffix (Sr., Jr., II) _____
Maiden Name _____ Nickname _____

Family Relationship _____ Religion _____
Marital Status _____ Valid Catholic Marriage _____ Church of Marriage _____
Occupation _____ Employer _____
School Attending _____ Grade _____
Special Needs/Disability _____

Sacraments Received:

Baptism (Yes / No) Religion _____
Church _____
City/State _____
First Communion (Yes/ No) Church _____
City/State _____
Confirmation (Yes/No) Church _____
City/State _____

(Please refer to Welcome Booklet for a list of St. Catherine of Sweden Liturgical/Social Ministries & Organizations.)

I am interested in participating in: _____

Family Member #6

Last Name _____ Birthdate _____
First Name _____ Title (Mr., Mrs., Dr., Ms.) _____ Gender _____
Middle Name _____ Suffix (Sr., Jr., II) _____
Maiden Name _____ Nickname _____

Family Relationship _____ Religion _____
Marital Status _____ Valid Catholic Marriage _____ Church of Marriage _____
Occupation _____ Employer _____
School Attending _____ Grade _____
Special Needs/Disability _____

Sacraments Received:

Baptism (Yes / No) Religion _____
Church _____
City/State _____
First Communion (Yes/ No) Church _____
City/State _____
Confirmation (Yes/No) Church _____
City/State _____

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I am interested in participating in: _____

Family Member #7

Last Name _____ Birthdate _____
First Name _____ Title (Mr., Mrs., Dr., Ms.) _____ Gender _____
Middle Name _____ Suffix (Sr., Jr., II) _____
Maiden Name _____ Nickname _____

Family Relationship _____ Religion _____
Marital Status _____ Valid Catholic Marriage _____ Church of Marriage _____
Occupation _____ Employer _____
School Attending _____ Grade _____
Special Needs/Disability _____

Sacraments Received:

Baptism (Yes / No) Religion _____
Church _____
City/State _____
First Communion (Yes/ No) Church _____
City/State _____
Confirmation (Yes/No) Church _____
City/State _____

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I am interested in participating in: _____
