

St. Catherine of Alexandria Catholic Church
41875 C Street
Temecula, CA 92592

Office Use Only

Env. # _____
Date Submitted _____
NPN Orientation:
Date: _____

Welcome to St. Catherine of Alexandria Church. We require the following information on all our parishioners so that we may better serve the needs of our community. If you have any questions regarding this form or any other special concerns, please contact the parish office at 951-676-4403.

Address: _____ City: _____ Zip code: _____
Phone: _____ Cell: _____
Previous Parish: _____ City: _____

Mark one: Mr. Mrs. Ms. Other _____

First Name: _____

Last Name: _____

Date of Birth (mm/dd/yy): _____

E-mail: _____

Marital Status: Married Single Separate Divorced
Married by a Catholic Priest Yes No

Religion: Catholic Other _____

Sacraments received (*please indicate date, church, city & state*):

Baptism ____/____/____

Reconciliation ____/____/____

Communion ____/____/____

Confirmation ____/____/____

Matrimony ____/____/____

Parish Pay Online Tithing Weekly Envelopes

Ethnicity: Caucasian____Spanish____Asian____Other_____

Language: English_____Other_____

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Ministry Involvement (See bulletin for contact/phone number information.)

- Lector Catechist Altar Server Eucharistic Minister Catechist Aide Usher/Greeter
- Choir Youth Ministry Office Aide Knights of Columbus Parishioners Network
- Other _____