

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. Completing this form grants St. Catherine permission to include your name only in our bulletin welcoming you and/or your family to our parish community.

Address: _____ City: _____ Zip code: _____

Phone: _____ Cell: _____

Previous Parish: _____ City: _____

Mark one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
First Name: _____
Last Name: _____
Date of Birth (mm/dd/yy): _____
E-mail: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separate <input type="checkbox"/> Divorced Married by a Catholic Priest <input type="checkbox"/> Yes <input type="checkbox"/> No
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____
Sacraments received (<i>please indicate date, church, city & state</i>):
Baptism ____/____/____ _____
Reconciliation ____/____/____ _____
Communion ____/____/____ _____
Confirmation ____/____/____ _____
Matrimony ____/____/____ _____
<input type="checkbox"/> Parish Pay Online Tithing <input type="checkbox"/> Weekly Envelopes
Ethnicity: Caucasian__ Spanish__ Asian__ Other_____
Language: English_____ Other_____

Mark one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
First Name: _____
Last Name: _____
Date of Birth (mm/dd/yy): _____
E-mail: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separate <input type="checkbox"/> Divorced Married by a Catholic Priest <input type="checkbox"/> Yes <input type="checkbox"/> No
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____
Sacraments received (<i>please indicate date, church, city & state</i>):
Baptism ____/____/____ _____
Reconciliation ____/____/____ _____
Communion ____/____/____ _____
Confirmation ____/____/____ _____
Matrimony ____/____/____ _____
<input type="checkbox"/> Parish Pay Online Tithing <input type="checkbox"/> Weekly Envelopes
Ethnicity: Caucasian__ Spanish__ Asian__ Other_____
Language: English_____ Other_____

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 _____