

Saint Catherine of Siena Parish Welcomes You

(925) 228-2230

Office - 1125 Ferry Street Fax:
Martinez, California 94553-1720

FAX: (925) 228=1318

Parish E-Mail: stcathmtz@yahoo.com

Registration Form

Website: www.stcmtz.org

Registered Date _____

Member # _____

Family Last Name _____

Mailing Address (If different) _____

Address: Street City Zip

Family Email Address _____

() _____
Home Telephone Cell:

Do you attend Saturday/Sunday Mass? ____ Yes ____ No

Would you like Mass Envelopes? ____ Yes ____ No

Are you interested in On-line Giving? ____ Yes ____ No

Family Member Names	Middle Name	Date of Birth	Gender (M/F)	Married, Single Divorced or Widowed	Denomination (Religion) Baptized as:	Nationality (for census purposes)	Languages (for census purposes)
(Self - Name)							
(Spouse or Other - name)							
(Child's Name)							
(Child's Name)							
(Child's Name)							
(Child's Name)							

Can our welcoming ministry people contact you? ____ Yes ____ No Would you like to register for a free copy of the Catholic Voice? ____ Yes ____ No

Marriage: _____ By: Priest _____ Minister _____ Civil Official _____
Date Church / Place City/State

Officiant: Name: _____

Office Use Only:

- OSV: PDS: On Line Giving
- Baptism Wedding RCIA
- Catholic Voice: School
- Rel. Ed New to Parish

