

# St. Katharine Drexel Mission

Date: \_\_\_\_\_

[www.katharinedrexelcc.org](http://www.katharinedrexelcc.org)

## Parish Registration Form

Phone: 703-754-8444

Fax: 703-754-7443

<b>New Registration</b>	<b>Updated Registration</b>	<b>No longer a Parishioner; New Parish Attending _____</b>
Head of Household: Last Name: _____ <div style="text-align: center; font-size: small;"><i>Family name</i> <span style="margin-left: 100px;"><i>suffix</i></span></div> First Name: _____ <div style="text-align: center; font-size: small;"><i>M.I.</i></div> Informal name: _____ <div style="text-align: center; font-size: small;"><i>(If applicable)</i></div> Maiden name: _____ <div style="text-align: center; font-size: small;"><i>(If applicable)</i></div> Date of Birth: _____  Occupation: _____  Cell Phone: _____  Work phone: _____  Religion: _____  Please check which sacraments you have received:  Baptism      First Communion      Confirmation  Marriage	Spouse: Last Name: _____ First Name: _____ Informal name: _____ <div style="text-align: center; font-size: small;"><i>(If applicable)</i></div> Maiden name: _____ <div style="text-align: center; font-size: small;"><i>(If applicable)</i></div> Date of Birth: _____  Occupation: _____  Cell Phone: _____  Work phone: _____  Religion: _____  Please check which sacraments you have received:  Baptism      First Communion      Confirmation  Marriage	Address:  _____ <div style="text-align: center;">Street Address</div> _____  City                                      State                                      Zip+4  Mailing Address if different from above:  _____ <div style="text-align: center;">Mailing address</div> _____  City                                      State                                      Zip+4  Home phone: _____  Email: _____ <div style="text-align: center; font-size: small;"><i>(Please print clearly)</i></div>  Person or persons parish correspondence is to be addressed:  Mr. & Mrs.      Mr.      Mrs.      Ms.      Dr. Dr. & Mrs.    other _____  _____Name(s)
Current Marital Status:      Single      Engaged      Married      Widow(er)      Separated      Divorced		
Preferred Method of CHURCH CONTRIBUTIONS: Check One:      Offering Envelopes      Electronic Fund Transfer      Credit Card      Automatic Payment		

*Please Print Clearly*

### Children Living At Home

Last Name <i>(if different from family name)</i>	First Name	Relationship to family*	Sex	Date of Birth	Please check Sacraments received <i>Baptism</i>	1st Communion	Confirmation	Grade	Additional Information
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

\*Please enter “S” for son, “D” for daughter, “G” for grandchild, “N” for niece or nephew, “Sp” for stepchild, “F” for foster child

### Others Living at Home (parents, other relatives)

Last Name <i>(if different from family name)</i>	First Name	Relationship to Head of Household	Sex	Date of Birth	Religion	Does this person wish to receive correspondence <i>From the parish—such as offering envelopes?</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Thank You and Welcome to St. Katherine Drexel Mission*