

Blessed Kateri Tekakwitha Catholic Community

Banning _____ Beaumont _____

Date Registered _____
Env. # _____

Self				Spouse				
Last Name	First	M.I.	Maiden Name	Last Name	First Name	M.I.	Maiden Name	
Date of Birth	Occupation	Religion		Date of Birth	Occupation	Religion		
Past & Present Ministries		E-Mail		Past & Present Ministries		E-Mail		
Church Attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom				Church Attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom				
Sacramental History Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No First Eucharist? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Sacramental History Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No First Eucharist? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Marital Status: <input type="checkbox"/> Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed								
Date of Marriage	Place of Marriage (e.g., St. Mary's Church; Cleveland City Hall)			City & State of Marriage				
Stewardship: Would you like <input type="checkbox"/> Weekly Envelopes <input type="checkbox"/> Monthly Envelopes				Would you like information on Automatic Gifting? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Home Address			Apt. #	Mailing Address (if different)			Apt. #	
City			Zip	City			Zip	
Home Phone		Cell Phone						
Child(ren) living at home or at college. (Adult Children not in school and other adults living in the home should register separately.)								
Child's Name	DOB	Gender	Baptized?	Church of Baptism and date (if known)	1st Comm?	Confirmed?	Current Religious Ed?	Present School and Grade
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Cath School <input type="checkbox"/> FF <input type="checkbox"/> None	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Cath School <input type="checkbox"/> FF <input type="checkbox"/> None	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Cath School <input type="checkbox"/> FF <input type="checkbox"/> None	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Catholic School <input type="checkbox"/> FF <input type="checkbox"/> None	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Catholic School <input type="checkbox"/> FF <input type="checkbox"/> None	

OVER



How Can we Serve You?

Please check all that apply

1. A member of our family is unable to attend Mass and would like to receive Communion at home.
2. Would like information on Bereavement Support Groups.
3. _____ (list first name) is a Eucharistic Minister.
4. _____ (list first name) would like Information on becoming a Eucharistic Minister.
5. _____ (list first name) is a Lector
6. Precious Blood Catholic School
 Send information Preschool K-Gr.8
 Send registration Preschool K-Gr.8
7. Would like to enroll child(ren) in the Youth Ministry (Grades 9-12).
8. Would like information about an Annulment.
9. A member of our family would like Information on becoming Catholic.
10. _____ (list first name) would A Priest or Pastoral Minister to call.
11. _____ (list first name) would Information on becoming a Lector.
12. Blessed Kateri Tekakwitha Faith Formation
 Send information Send registration

A. What do you value about Blessed Kateri Tekakwitha? _____

B. What do you need from our parish? _____

C. Your concerns are important to us. How can we serve you better? _____

What would enhance your faith and involvement? (please circle all that apply).

Bible Study

Young Adults

Youth Ministry

Grief Ministry

Prayer Group

Building Committee

Communion to Homebound

Prison Ministry