

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