

# St. Catherine of Siena Catholic Church

1310 Bayswater Avenue  
 Burlingame, California 94010-4313  
 650-344-6884 (Church Office)  
 650-344-1022 (Fax)  
 ParishOffice@StCSiena.org (E-Mail)

## PARISH REGISTRATION

Mailing Name for Household \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_ His Day Phone \_\_\_\_\_

Her Day Phone \_\_\_\_\_ Her E-Mail \_\_\_\_\_ His E-Mail \_\_\_\_\_

	First Name	Gender	Date of Birth	~Nationality	Religion	Baptism	First Communion	Confirmation	Occupation
Head of Household									
Head of Household									
Dependent Children									
Other Relatives Living with You									

Marital Status	
Single	
Married +	
Widowed	
Separated	
Divorced	
+ If married: married before a priest? Yes _____ No _____	

~Language(s) spoken in your home: _____ _____ _____
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___ I am (we are) registering for the first time. ___ Please send Sunday collection envelopes. ___ I (we) have been registered parishioner(s) since _____. ___ We use Sunday collection envelopes. Env. # _____.
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