

PARISH REGISTRATION FORM



4800 Convict Hill Rd. ● Austin, TX 78749
www.stcatherine-austin.org 512-892-2420

FOR OFFICE USE ONLY:

MP Date: _____
Entered By: _____

Family Name _____						7/20/2026	
				Do you want to receive donor envelopes?		Yes ☐ No ☐	
Last Name		First Name		Middle Name	Gender	Date of Birth	Mobile Phone
					Male ☐ Female ☐		
Email Address							
Street Address				P.O. Box	City	State	Zip
Marital Status		Married ☐	Single ☐	Divorced ☐	Widowed ☐	Married in the Catholic Church? Yes ☐ No ☐	
Occupation							
Religion * CODE:		*SEE CODES BELOW		Have you Received the Sacrament of Baptism? Yes ☐ No ☐			
Are you entering a second Head of Household? (Includes Spouse or Other Head of Household)					Yes ☐ No ☐		
Last Name		First Name		Middle Name	Gender	Date of Birth	Mobile Phone
					Male ☐ Female ☐		
Email Address							
Are you entering a child (minor/adult) or other person(s) living in the house?					Yes ☐ No ☐		
First Name	Middle Name	Date of Birth	Last Name if Different		Gender	Baptized	
1					Male ☐ Female ☐	Yes ☐ No ☐	
2					Male ☐ Female ☐	Yes ☐ No ☐	
3					Male ☐ Female ☐	Yes ☐ No ☐	
4					Male ☐ Female ☐	Yes ☐ No ☐	
5					Male ☐ Female ☐	Yes ☐ No ☐	
Religion * (Enter Code Above)							
1. Catholic 6. Presbyterian 2. Baptist 7. Jewish 3. Episcopalian 8. Pentecostal 4. Lutheran 9. Other 5. Methodist				OPTIONAL: Name of Emergency Contact: _____ Phone: _____			