

St. Catherine of Alexandria
4100 W. 107th St.
Oak Lawn, IL. 60453
708-425-2850
parish.scaoaklawn.org

Family Registration Form: Please return by mail, Sunday collection, or to the rectory office.

☐New or ☐Update

Date Registered: _____

Parish ID #: _____

Last Name: _____ First Name (S): _____

Mailing Name: (e.g. Mr. & Mrs. John Doe) _____

Address: _____ House: ☐ Unit: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Emergency Contact Number: _____

Individual Member Information

Role (Head of Household, Husband, etc.): _____

Role (Head of Household, Wife, etc.): _____

First Name: _____ MI _____

First Name: _____ MI _____

Last Name: _____

Last Name: _____ Maiden: _____

Title: _____ Nickname: _____

Title: _____ Nickname: _____

Birth Date: _____ Gender: _____

Birth Date: _____ Gender: _____

Email: _____

Email: _____

Cell Phone: _____

Cell Phone: _____

First Language: _____

First Language: _____

Occupation: _____

Occupation: _____

Last School Education: _____

Last School Education: _____

Baptized Catholic: Yes or No Baptized: Yes or No

Baptized Catholic: Yes or No Baptized: Yes or No

If not Catholic, what Religion: _____

If not Catholic, what Religion: _____

Reconciliation: Yes or No

Reconciliation: Yes or No

First Eucharist: Yes or No

First Eucharist: Yes or No

Confirmation: Yes or No

Confirmation: Yes or No

Marriage Date: _____

Marriage Date: _____

Marital Status: (single, married, divorced, separated, widowed) _____ Valid Catholic Marriage: Yes or No

Parish activity, organization, or liturgical ministry interest: _____

Do you have anyone with special needs living in your home? _____

Children Living at Home

First Name: _____ Last Name (if different): _____ Middle Name: _____

Son/Daughter/or: _____ Catholic: Yes or No Baptized: Yes or No Religion: _____

Reconciliation: Yes or No First Eucharist: Yes or No Confirmation: Yes or No Church of Baptism: _____

Date of Birth: _____ School: _____ Grade: _____

First Name: _____ Last Name (if different): _____ Middle Name: _____

Son/Daughter/or: _____ Catholic: Yes or No Baptized: Yes or No Religion: _____

Reconciliation: Yes or No First Eucharist: Yes or No Confirmation: Yes or No Church of Baptism: _____

Date of Birth: _____ School: _____ Grade: _____

First Name: _____ Last Name (if different): _____ Middle Name: _____

Son/Daughter/or: _____ Catholic: Yes or No Baptized: Yes or No Religion: _____

Reconciliation: Yes or No First Eucharist: Yes or No Confirmation: Yes or No Church of Baptism: _____

Date of Birth: _____ School: _____ Grade: _____

First Name: _____ Last Name (if different): _____ Middle Name: _____

Son/Daughter/or: _____ Catholic: Yes or No Baptized: Yes or No Religion: _____

Reconciliation: Yes or No First Eucharist: Yes or No Confirmation: Yes or No Church of Baptism: _____

Date of Birth: _____ School: _____ Grade: _____

First Name: _____ Last Name (if different): _____ Middle Name: _____

Son/Daughter/or: _____ Catholic: Yes or No Baptized: Yes or No Religion: _____

Reconciliation: Yes or No First Eucharist: Yes or No Confirmation: Yes or No Church of Baptism: _____

Date of Birth: _____ School: _____ Grade: _____

First Name: _____ Last Name (if different): _____ Middle Name: _____

Son/Daughter/or: _____ Catholic: Yes or No Baptized: Yes or No Religion: _____

Reconciliation: Yes or No First Eucharist: Yes or No Confirmation: Yes or No Church of Baptism: _____

Date of Birth: _____ School: _____ Grade: _____