



PARISH REGISTRATION FORM

When you regularly worship with us here at San Rafael, let us know you are here by registering as soon as possible. This assures you of full membership in the San Rafael Community and guarantees that you will receive regular communication from your parish. In addition, your parish membership is necessary before you can be prepared to receive any initiation sacraments – Baptism, First Communion, Confirmation or the Sacrament of Marriage.

17252 Bernardo Center Drive, San Diego, CA 92128
 Phone (858)487-4314 ♦ Fax (858)487-1498

FAMILY LAST NAME: _____

Home Phone Number: _____

Street Address: _____

Work Phone Number: _____

Apt or Unit Number: _____

Cell Phone Number: _____

City and Zip: _____

Cell Phone Number: _____

Mailing Address: _____

E-mail Address: _____

(complete only if different from above):

Good Stewards of Treasure.....

- Make an intentional gift each week or month
- Base their gift on a percentage of income
- Use offertory envelopes or electronic giving

Which method of church support do you prefer?

Offertory Envelopes: WEEKLY or MONTHLY *(Please circle)*
 Electronic Giving If yes, information will be mailed to you.

First Name and Middle Initial	Single Separated Divorced Widowed Civil Marriage Sacramental Marriage	Gender	Date of Birth MM/DD/YYYY	Catholic Non-Catholic	Baptized	First Communion	Confirmed	Mass Attendance: Weekly Monthly Monthly Seldom	Language Spoken at Home
					Yes No	Yes No	Yes No		
		M / F			Y / N	Y / N	Y / N		
		M / F			Y / N	Y / N	Y / N		

Husband's Occupation: _____

Place of Employment: _____

If retired, Former Occupation: _____

Wife's Occupation: _____

Place of Employment: _____

If retired, Former Occupation: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Alternate Phone Number: _____

Other Adults Living in the Household:

First Name, Middle Initial and Last Name	Single Separated Divorced Widowed Civil Marriage Sacramental Marriage	Gender	Date of Birth MM/DD/YYYY	Catholic Non-Catholic	Baptized Yes No	First Communion Yes No	Confirmed Yes No	Mass Attendance: Weekly Monthly Monthly Seldom	Language Spoken at Home
		M / F			Y / N	Y / N	Y / N		
		M / F			Y / N	Y / N	Y / N		

Dependent Children Living at Home:

First Name and Middle Initial	Last Name (if other than the Family last name)	Gender	Date of Birth MM/DD/YYYY	Catholic Non-Catholic	Baptized Yes No	First Communion Yes No	Confirmed Yes No	Language Spoken at Home
		M / F			Y / N	Y / N	Y / N	
		M / F			Y / N	Y / N	Y / N	
		M / F			Y / N	Y / N	Y / N	
		M / F			Y / N	Y / N	Y / N	
		M / F			Y / N	Y / N	Y / N	
		M / F			Y / N	Y / N	Y / N	
		M / F			Y / N	Y / N	Y / N	
		M / F			Y / N	Y / N	Y / N	

RETURN THIS COMPLETED FORM TO THE PARISH OFFICE OR PLACE IN LOCKED WOODEN BOX IN CHURCH FOYER.

Office use only below this line			
<i>(Please initial, date and route this form to the next office on the list Do not delay the routing of the form; make a copy if you need to.)</i>			
1 - Parish Office – ParishSoft	3. – Parish Office - OSV	5. Catechetical Ministry	7. – Welcoming Committee
2. – Parish Office – Welcome Pkt.	4. – Deacon Ward	6. - Youth Ministry:	

