

Registration Form St. Dominic's Catholic Church

2390 Bush Street, San Francisco, CA 94115, (415) 567-7824 (Main), (415) 567-1608 (Fax)

For Office Use Only
Last Name: _____
ID: _____

Today's Date: ____/____/____ (check one ✓) New Parishioner New Associate Member Update/Change Registration Information.

YOUR FULL NAME <small>(First, Middle Initial, Last)</small>	GENDER <small>(circle one)</small>	MARITAL <small>status</small>	BIRTHDATE <small>mm/dd/yyyy</small>	RELIGION <small>Denomination</small>	OCCUPATION	TELEPHONE <small>preferred</small>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	F / M		/ /			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()

Address: _____ Apt. #: _____ City: _____ State: _____ Zip Code: _____

Other telephone number(s): Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Primary email address: _____ Alternate email address: _____

(Please print clearly. Your email address will be kept private.)

Tell us about whom else you would like to register *(please print clearly)*

NAME/RELATIONSHIP <small>(First, Middle Initial, Last)</small>	GENDER <small>(circle one)</small>	MARITAL <small>status</small>	BIRTHDATE <small>mm/dd/yyyy</small>	RELIGION <small>Denomination</small>	OCCUPATION	TELEPHONE <small>preferred</small>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	F / M		/ /			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	F / M		/ /			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()

Sunday Offering Envelopes (check one ✓): YES NO or Send me information on *e-Offering*.

Would you like to receive the *free* Archdiocese of San Francisco's newspaper CatholicSF? YES, I would like to receive this paper NO

I/We would like to share my/our talents and skills with the parish: _____

Please contact me or my family with information on the following programs, ministries and/or Sacraments: _____

I/We commit to being *active, participating* and *contributing* member(s) of St. Dominic's Catholic Church and Community.

(Signature)