

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.

Check one	YOUR 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
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	YOUR NAME	F / M		/ /		

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

Primary telephone: (____) _____ - _____ (Home Work Cell) Alternate telephone: (____) _____ - _____ (Home Work Cell)

Primary email address: _____ Alternate email address: _____

(The email address will be kept private.)

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

Check one	OTHER NAMES/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
<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"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		F / M		/ /		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		F / M		/ /		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		F / M		/ /		

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 NO *This publication is limited to San Francisco, Marin and San Mateo counties.

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(s)

Check one	OTHER NAMES/Relationship (First, Middle Initial, Last)	GENDER (circle one)	MARITAL status	BIRTHDATE mm/dd/yyyy	RELIGION Denomination	OCCUPATION
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		F / M		/ /		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		F / M		/ /		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		F / M		/ /		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		F / M		/ /		