St. Patrick Church Re	egistration Form	OFFICE USE ONLY
825 7th St., Rodeo, CA 94572 510.799.4406 (office) 510.799.5681 (fa	x) parishoffice@stpatrickrodeo.org www.stpatrickrodeo.org	Today's date
FAMILY NAME (LAST NAME/SURNAME):	Home Phone #:	Parishoner since
First Contact (First Name only):	Second Contact (First Name only)	NEW registration
Cell phone #:	Cell phone #:	UPDATE registration
Email address:	Email address:	Entered by:

RESIDENT ADDRESS	MAILING ADDRESS (if different from resident address)
Street Address Line 1:	Street Address Line 1:
Street Address Line 2:	Street Address Line 2:
City/State/Zip:	City/State/Zip:
Write your name legibly as you would like it to appear on any correspondence:	•

PEOPLE LIVING IN HOUSEHOLD including those listed above. (If there are more than 6 people in household, please fill out another form and attach it to this one.)											
FIRST NAME	LAST NAME (if different from above)	O - Other	GENDER M - male F - female	DATE OF BIRTH mm/dd/yy	MARITAL STATUS S - single M - married R - religious W - widowed D - divorced SE-separated C-cohabitate	TYPE OF OCCUPATION or NAME OF SCHOOL	BAPTIZED CATHOLIC?	FIRST COMMUNION?	FIRST RECONCILIATION?	CONFIRMED?	MARRIED IN THE CATHOLIC CHURCH?
(sample) John	Smith	HEAD	М	6/24/1980	S	Civil Engineer	DATE: 6/80	Y / N DATE: 5/88	DATE: 2/89	DATE: 4/97	Y / N DATE: mm/yy
1		HEAD					Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy
2							Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy
3							Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy
4							Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy
5							Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE:	Y / N DATE:
6							Y / N DATE:	Y / N DATE:	Y / N DATE:	Y / N DATE:	Y / N DATE:
7							Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy	Y / N DATE: mm/yy