

St. Paul Catholic Church
8720 Florin Road, CA 95828
Registration Form

Date: _____

Personal Information:

First Name: _____ Last Name: _____ Birth Date: _____
Ethnicity: _____ Employment: _____ Retired From: _____

(Spouse) First Name: _____ Last Name: _____ Birth Date: _____
Ethnicity: _____ Employment: _____ Retired From: _____

Marital Status: Single Married: Civil Church Separated Divorced Widowed Engaged

Address: _____ State: _____ Zip Code: _____
Home Phone: _____ Mobile: _____ Email: _____

Mailing Address (If Different)
Address: _____ State: _____ Zip Code: _____

Secondary Address: (If Applicable)

Street: _____ State: _____ Zip Code: _____
Home Phone: _____ Mobile: _____ Email: _____

Dependent Children Information: (If more space is needed please use another form.)

Child: _____ Male: Female: Age: _____ Birth Date _____
Baptism Yes No 1st Reconciliation Yes No 1st Eucharist Yes No Confirmation Yes No

Child: _____ Male: Female: Age: _____ Birth Date _____
Baptism Yes No 1st Reconciliation Yes No 1st Eucharist Yes No Confirmation Yes No

Child: _____ Male: Female: Age: _____ Birth Date _____
Baptism Yes No 1st Reconciliation Yes No 1st Eucharist Yes No Confirmation Yes No

Child: _____ Male: Female: Age: _____ Birth Date _____
Baptism Yes No 1st Reconciliation Yes No 1st Eucharist Yes No Confirmation Yes No

Other Family Members in the Household Information: (If more space is needed please use another form.)

_____ Relationship: _____ Male: Female: Age: _____ Birth Date _____
_____ Relationship: _____ Male: Female: Age: _____ Birth Date _____

Miscellaneous Information:

Would you like to receive a weekly parish contribution envelope? Yes No

Are there any members of your household who would like to be visited by a priest? Yes No

What skills and talents do you have and are willing to share for your parish family? _____



Welcome to St. Paul Parish!
Welcome to your New Family!