

Last Name		date of birth	Address:
First Name		/ /	
Spouse		/ /	City & Zip:
Child 1		/ /	home phone:
Child 2		/ /	work phone:
Child 3		/ /	cell phone:
Child 4		/ /	email (print clearly)
Is there any special information that you think we should know about you? eg: special needs, abilities?			

Are you married? Yes / No ___ Civil Marriage ___ Not Married ___ Divorced ___ Widowed
(circle one) ___ Catholic Church Marriage (please check one)

Would you like to receive Sunday Offering Envelopes? (circle one): Yes / No

Please mail or fax this form to:
Saint Veronica Church
434 Alida Way
South San Francisco, CA 94080
Fax (650) 588-1481