

SAINT VERONICA PARISH REGISTRATION FORM

PLEASE PRINT ALL INFORMATION – THANK YOU.

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
Is there any special information that you think we should know about you? (i.e. special needs, abilities, talents, etc?)			

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

Thank you for supporting the Parish through your Sunday envelope donations, which will be sent to you shortly
 Your weekly contributions help to support the various ministries and services available to you and others.

Please mail or fax this form to:

Saint Veronica Church
 434 Alida Way
 South San Francisco, CA 94080
 Fax: (650) 588-1481

I'm interested in learning more about: (Please check those that apply)

- | | |
|---|--|
| <input type="checkbox"/> Minister of Eucharist
<input type="checkbox"/> Lector
<input type="checkbox"/> Ushering
<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Religious Education Catechist | <input type="checkbox"/> Homebound Ministry
<input type="checkbox"/> Hospitality
<input type="checkbox"/> Choir
<input type="checkbox"/> Grief Ministry
<input type="checkbox"/> St. Vincent De Paul Society |
|---|--|