



St. Francis de Sales Catholic Church

4268 Lime Street, Riverside, CA 92501 • Tel (951) 686-4004 • FAX (951) 686-3948 • www.StFrancisdeSales-Riverside.com



PARISH REGISTRATION FORM

ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL

(Please print clearly)

Marital Status <i>(Please check the appropriate box):</i> <input type="checkbox"/> Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Envelope No. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Family Last Name: _____	
First Name: _____ Spouse: _____	
Street Address: _____ Apartment No.: _____	
City: _____ Zip Code: _____	
Mailing Address? _____	
Home Phone: _____ Other Telephone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Trabajo	
E-mail Address: _____ OK to use email?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD
FIRST NAME						
LAST NAME						
RELIGION						
LANGUAGE						
OCCUPATION						
HANDICAP						
BIRTH DATE						
SEX			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
BAPTISM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church
1 ST COMMUNION	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church
CONFIRMATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church	MM/DD/YY / Church

Would you like to volunteer and share your talents?
Yes
No
 I would like more information

Comments/Remarks: