

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:			Work Phone:
			Cell Phone:
			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

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 submit 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"/> Faith Formation Catechist/Aide
<input type="checkbox"/> Spanish Ministry
<input type="checkbox"/> St. Veronica Catholic School | <input type="checkbox"/> Homebound Ministry
<input type="checkbox"/> Hospitality Ministry
<input type="checkbox"/> Choir (Adult or Children)
<input type="checkbox"/> Grief Ministry
<input type="checkbox"/> St. Vincent De Paul Society
<input type="checkbox"/> RCIA (Rite of Christian Initiation of Adults)
<input type="checkbox"/> Church Environment |
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