**SAINT CALLISTUS CHURCH**

3580 San Pablo Dam Rd., El Sobrante, CA 94803

**PARISH REGISTRATION FORM** **CONFIDENTIAL INFORMATION (Please write legibly)**

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marital Status (Please / one)Single \_\_\_Married \_\_\_Widowed\_\_\_ Separated \_\_\_Divorced \_\_\_ Other \_\_\_\_\_\_\_\_\_\_

Complete Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*MASS ATTENDANCE OPTIONS: Regularly (R), Occasionally (O), Important Days Only (IOD), Never (N), Homebound (H)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name & Middle Initial** | **Date of Birth** | **Religion** | **Please Check Sacrament Received** | **\*Mass Attendance** | **Occupation** |
| Head of Household: |  |  | Baptism 1st Eucharist Confirmation |  |  |
| Spouse  (if wife, include maiden name) |  |  |  |  |  |
|  |  |  |  |  |  |
| **Children Living at Home:** (**circle one**) |  |  |  |  | **Presently attending CCD or YM (Yes/No)** |
| Boy / Girl: |  |  |  |  |  |
| Boy / Girl: |  |  |  |  |  |
| Boy / Girl: |  |  |  |  |  |
| Boy / Girl: |  |  |  |  |  |
| Boy / Girl: |  |  |  |  |  |
| **Others Living with You:** |  |  |  |  | **Relationship** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Please /) If married, were you married by a priest? \_\_\_\_\_\_\_ Minister? \_\_\_\_\_\_ A Justice of the Peace \_\_\_\_\_\_ Date of Marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are bilingual, please indicate languages : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you wish to receive weekly offering envelopes? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Catholic Voice ?\_\_\_\_\_\_\_\_\_\_\_\_

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(For Office Use Only) Envelope No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered in PDS \_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_