



# REGISTRATION FORM

## MATER DOLOROSA CATHOLIC CHURCH

307 Willow Avenue, South San Francisco, CA 94080  
Tel: (650) 583-4131 - FAX: (650) 616-9066

The information requested below is for our parish census and to update parish records. It also helps us to serve you, especially if you do not live in our parish boundaries, **This is a private record and is kept confidential.** Thank you.

Please Print

Last Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

As a registered parishioner you will receive Sunday Contribution Envelopes in the mail.  
If you do not wish to receive envelopes, please check here:

**MALE**

**FEMALE**

First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Religion: \_\_\_\_\_

Sacraments Received \_\_\_\_\_

Baptized: Yes No Yes No

First Holy Communion: Yes No Yes No

Confirmation: Yes No Yes No

Attend Mass (please circle one): Regularly Occasionally Never Regularly Occasionally Never

Present Status (please circle one): Single Married Separated Widow Divorced Single Married Separated Widow Divorced

Occupation or Student: \_\_\_\_\_

**Children Living at Home**

(Please circle one for each category)

Name	Birth Date	Religion	Baptized	First Communion	Confirmation	Attend Mass
_____	_____	_____	Yes No	Yes No	Yes No	Regularly Occasionally Never
_____	_____	_____	Yes No	Yes No	Yes No	Regularly Occasionally Never
_____	_____	_____	Yes No	Yes No	Yes No	Regularly Occasionally Never
_____	_____	_____	Yes No	Yes No	Yes No	Regularly Occasionally Never

Other People Living at this Address: \_\_\_\_\_

Please either return this form to **Mater Dolorosa Church, 307 Willow Avenue, South San Francisco, CA 94080;** or drop it in the collection basket during one of the Sunday Masses. Thank you.