

# 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 \_\_\_\_\_

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

As a registered parishioner, you will receive collection envelopes in the mail. If you do not wish to receive envelopes, please check this box:

**MALE**

**FEMALE**

First Name(s): \_\_\_\_\_

Maiden Name: (If applicable) \_\_\_\_\_

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

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

Sacraments Received

Please circle

Please circle

**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  
Single    Married    Separated    Widow  
Divorced

**Present Status (please circle one):**

Regularly    Occasionally    Never  
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

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.