

MATER DOLOROSA CATHOLIC CHURCH – REGISTRATION FORM

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 it. It may help us to serve you.
This is a private record and will be kept confidential.

The Clergy of Mater Dolorosa

Please Print

Last Name: _____ Phone Number: (____) ____ - ____

Address: _____ City: _____ Zip Code: _____

Date: _____ E-Mail Address: _____

As a registered parishioner, you will be receiving Sunday Envelopes and will be expected to use them.

MALE

FEMALE

First Name: _____

Maiden Name: _____

Birth Date: _____

Religion: _____

Sacraments Received (please circle one)

Baptized:	Yes	No	Yes	No
First Holy Communion:	Yes	No	Yes	No
Confirmation:	Yes	No	Yes	No

Attend Mass (please circle one): Regular Occasional Never Regular Occasional Never

Present Status (please circle one): Sgl. Mar. Sep. Widow Divorced Sgl. Mar. Sep. 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	Regular	Occasional	Never
_____	_____	_____	Yes	No	Yes	No	Yes	No	Regular	Occasional	Never
_____	_____	_____	Yes	No	Yes	No	Yes	No	Regular	Occasional	Never
_____	_____	_____	Yes	No	Yes	No	Yes	No	Regular	Occasional	Never
_____	_____	_____	Yes	No	Yes	No	Yes	No	Regular	Occasional	Never

Other People Living at this Address: _____

Please either return this form to: **Mater Dolorosa Church, 307 Willow Ave., South San Francisco, CA 94080**
or drop in it the collection basket at Sunday Mass.