

**SAINT CALLISTUS CHURCH**

3580 San Pablo Dam Road, El Sobrante, CA 94803

**PARISH REGISTRATION FORM**

**CONFIDENTIAL INFORMATION (Please write legibly)**

Family Name: \_\_\_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other \_\_\_\_\_

Complete Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

(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: \_\_\_\_\_