



HOLY EUCHARIST CATHOLIC COMMUNITY

FAMILY REGISTRATION

527 CORRALITOS ROAD, CORRALITOS, CA 95076 (831)722-5490

You may drop this at the office or drop it in the collection basket. Thank you for registering!

PLEASE PRINT CLEARLY.

Family Last Name: _____ Home Phone: () _____ Unlisted? Y__ N__

Street Address: _____ Apt # _____

City _____ State _____ Zip _____ - _____

Check Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Wedding Date: ___/___/___ Where? _____ (Church, City, State)

Adult Male: () Mr () Dr First Name: _____ Religion: _____

Birth Date (MM/DD/YY): ___/___/___ Job Title or Occupation: _____

Adult Female: () Mrs () Dr. () Miss () Ms First Name: _____

Maiden Name: _____ Religion: _____

Birth Date (MM/DD/YY): ___/___/___ Job Title or Occupation: _____

CHILD/CHILDREN LIVING AT HOME, Including College students:

First/Last Name (Nickname)	M/F	Date of Birth	Check	Sacraments Received				
1. _____	___	___/___/___	Baptism	___	1st Communion	___	Confirmation	___
2. _____	___	___/___/___	Baptism	___	1st Communion	___	Confirmation	___
3. _____	___	___/___/___	Baptism	___	1st Communion	___	Confirmation	___
4. _____	___	___/___/___	Baptism	___	1st Communion	___	Confirmation	___

***DO YOU WISH TO RECEIVE THE WEEKLY PARISH EMAIL? YES ___ NO ___

E-mail _____ 2nd Email _____

*** DO YOU WISH TO RECEIVE WEEKLY CONTRIBUTION ENVELOPES? YES ___ NO ___

FOR OFFICE USE: NOTATIONS: _____ _____ _____
ENVELOPE NUMBER _____ DATE OF REGISTRATION: _____