

**Please fill out completely**

**Family Information**

Mailing Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Family Email \_\_\_\_\_

**What is the primary language spoken in your household?**  
\_\_\_\_\_

**Providing financial support to my parish:**

\_\_\_\_\_ I would like weekly offering envelopes

\_\_\_\_\_ I would like information about making automated monthly donations.

**Would you like information about:**

\_\_\_\_\_ Saint Raphael Preschool

\_\_\_\_\_ Saint Raphael School (K-8)

\_\_\_\_\_ Saint Raphael Parish School of Religion (K-8)

**What liturgies do you attend most often?  
(select one or more)**

\_\_\_\_\_ Weekday \_\_\_\_\_ Saturday Vigil 5:00pm

\_\_\_\_\_ 7:30am \_\_\_\_\_ 9:00am (English)

\_\_\_\_\_ 9:00am (Vietnamese)

\_\_\_\_\_ 10:30am (Church) \_\_\_\_\_ 10:30am (St. Sylvester)

\_\_\_\_\_ 12:00pm (Spanish) \_\_\_\_\_ 7:00pm (Spanish)

\_\_\_\_\_ 7:00pm (Brazilian)

**Please return completed form to:**

**Saint Raphael Church**

**1104 Fifth Avenue**

**San Rafael, CA 94901**

**Fax: (415) 454-8193**

To learn more about Saint Raphael Parish call us at (415) 454-8141 or visit our website at [www.saintraphael.com](http://www.saintraphael.com)

**St. Raphael Church  
Parish Registration  
Form**



**Welcome! We are glad you  
have chosen to make our parish  
your new church community.**

**Please use this form to  
introduce yourself and help us  
to learn of your needs and  
interests.**

# Household Members

## Adult 1

Name \_\_\_\_\_

Gender: M / F      Birthdate \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please tell us about the interest s, skills or experiences you would be willing to share with the parish:**

- Working with the elderly
- Working with children or teens
- Teaching/Training: \_\_\_ adults \_\_\_ children
- Visiting or assisting the homebound
- Working with new immigrants in our community
- Assisting the poor or needy
- Cooking
- Sewing
- Skilled Work Type? \_\_\_\_\_
- Organizing events
- Finance or Investments
- Computer skills \_\_\_ data entry \_\_\_ desktop publishing
- Making phone calls
- Translating: Language \_\_\_\_\_
- Assisting with mailings
- Clerical/office work
- Singing
- Playing an instrument: Which? \_\_\_\_\_
- Photography
- Other interests \_\_\_\_\_

## Adult 2

Name \_\_\_\_\_

Gender: M / F      Birthdate \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please tell us about the interest s, skills or experiences you would be willing to share with the parish:**

- Working with the elderly
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- Visiting or assisting the homebound
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- Cooking
- Sewing
- Skilled Work Type? \_\_\_\_\_
- Organizing events
- Finance or Investments
- Computer skills \_\_\_ data entry \_\_\_ desktop publishing
- Making phone calls
- Translating: Language \_\_\_\_\_
- Assisting with mailings
- Clerical/office work
- Singing
- Playing an instrument: Which? \_\_\_\_\_
- Photography
- Other interests \_\_\_\_\_

## Children (under 18 years old)

If you have additional adult family members in your household, please use another form.

Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

**Does anyone in your family need preparation for the Sacraments of Initiation (Baptism, First Eucharist, Penance, or Confirmation)?**

\_\_\_ Yes \_\_\_ No    If yes:

Name	Birthdate	Sacrament(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Are there any other ways that we can assist you and your family?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_