

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

**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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- Computer skills ___ data entry ___ desktop publishing
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- 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?
