

Parishioner Registration Form

Mission Dolores Catholic Church

3321 Sixteenth Street, San Francisco, CA 94114

Phone: (415) 621-8203 ✕ Fax: (415) 621-2294 ✕ E-Mail: parish@missiondolores.org



Please complete this form and return by: 1) mail; 2) email; 3) fax; or 4) drop off in collection basket or Rectory

Today's Date: _____ New Parishioner Update/ Change in Registration Information

LAST NAME/ FAMILY NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> Mr., <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.		

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred number to reach me/us is: Home. Cell Work.

Primary email address: _____

(Please print clearly. Your email address(es) will be kept private)

Alternate email address: _____

I/We would like to become registered active, participating, and contributing member(s) of the Mission Dolores Parish and Community.

(Signature)

FOR OFFICE USE ONLY:

Revision Date: 21JUN09

PDS: _____ FILE: _____