

# 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: _____

