## PARISH REGISTRATION FORM ST.PATRICK CHURCH

756 Mission St., San Francisco, CA 94103

Phone: (415)421-3730 Email: information@stpatricksf.org Web: www.saintpatricksf.org

Date:		Par	rish ID/Envelope #
First Name	Middle Name	Last Name	Male / Female (circle one)
Date of Birth (MM/DD/YY	YYY): / /	Occupation:	
		Cell Phone:	
Email:			
Sacraments: Baptism	Received Intereste	<u>ed</u>	
Confirmation		_	
First Communion		]	
Marriage		]	
Relationship Status:			
☐ Single ☐ 1	Engaged   Married	☐ Widowed ☐ Other	
		D.O.B:	
Would you like to set up			
Would you like to receive	ve weekly offertory enve	elopes? Ll Yes Ll No	
Skills/Interests: Please circle any of the	skills below you'd be in	terested in sharing with the SPO	C Community
Accounting	ng	Computer Tech Skills	General Maintenance
Art/Photo	graphy	Electrical	Painting
Carpentry	7	Gardening	Plumbing
Clerical/C	Office Work	Gift Shop	
List any other in	aterests or comments bel	ow:	