St Frances X Cabrini Catholic Church, Yucaipa CA

General Information: Today's Date:_____

Last name (for household)_____ First name/s _____

Mailing Address _____ City, State, Zip Code _____

Email (this info. is kept for church records only) _____

Telephone#:_____ Alternate phone/s #: _____

Ethnicity: _____ I prefer written correspondence in _____(what language)

(Please circle or write in salutation preferred)

Mr. & Mrs. / Mr. / Ms. / Mrs. / First names of couple _____ / other _____

Married_____ Single _____ Widowed _____ Separated_____ Divorced _____

I/We would like to use envelopes Yes_____ No_____ (office use only) PARISHIONER # _____

I would like information on: _____

I/We would like to volunteer for _____(ministry)

Member Information: (please list all members living in home)

Complete Name	Birthdate	Baptized Y/N	Communion Y/N	Confirmation Y/N	Marriage Y/N	Male/ Female	Grade (if in school)	Occupation	Religion