

Family Registration
Please PRINT CLEARLY

St. Frances Cabrini Parish

15333 Woodard Road, San Jose, CA 95124 (408) 879-1120

Reg. Date: _____
Env. #: _____ Office Use Only
Postal Code #'s: _____

Env. #: _____
Office Use Only

Family Last Name: _____
Mailing Name (ie Mr. & Mrs. John Doe) _____
Address: _____
City: _____ State: _____ Zip: _____

First Name(s) _____
Primary: _____
Secondary: _____
Phone # (_____) _____
Emerg. #: (_____) _____

SFC School Family: Yes or No

Primary Member

Individual Member Information

Secondary Member

Mr. Ms. Mrs. Dr. Other: _____ (choose one)
First Name: _____
Nick Name: _____
 Husband Wife Other: _____ (choose one)
Male or Female (circle one) DOB (mm/dd/yyyy): _____
Occupation: _____
Email: _____
Work Phone #: _____
Cell Phone #: _____
Sacramental Info: Catholic Other: _____
Baptized Reconcil First Eucharist Confirmed

Mr. Ms. Mrs. Dr. Other: _____ (choose one)
First Name: _____
Nick Name: _____
 Husband Wife Other: _____ (choose one)
Male or Female (circle one) DOB (mm/dd/yyyy): _____
Occupation: _____
Email: _____
Work Phone #: _____
Cell Phone #: _____
Sacramental Info: Catholic Other: _____
Baptized Reconcil First Eucharist Confirmed

Marital Status: Single Married Separated Divorced Annulled Other: _____

Valid Catholic Marriage: Yes No

Dependent Children Information (Relation to Primary Member)

Relation (Son, Daughter, Step, Etc.)	First Name	Last Name	Date of Birth/Place of Birth
1. _____	_____	_____	_____/_____/_____ /
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation Add dates of Sacraments if known:			
2. _____	_____	_____	_____/_____/_____ /
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation Add dates of Sacraments if known:			
3. _____	_____	_____	_____/_____/_____ /
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation Add dates of Sacraments if known:			
4. _____	_____	_____	_____/_____/_____ /
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation Add dates of Sacraments if known:			

Please fill out both sides of form.

Dependent Children Information
(Relation to Primary Member)

5.	_____ / _____	
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
Add dates of Sacraments if known:		

6.	_____ / _____	
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
Add dates of Sacraments if known:		

Other Adults Living in Your Home

Relation	First Name	Last Name	Place & Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MINISTRY AND VOLUNTEER OPPORTUNITIES

Please check any and all ministries and/or volunteer opportunities that you or any member of your family may be interested in. We wish to involve as many members as possible in active, meaningful service to our parish community and we appreciate your participation.

Liturgy

- Altar Servers
 Altar Society
 Eucharistic Ministers
 Evangelization Committee
 Home Ministries
 Lector
 Liturgy Committee
 Usher
 Other: _____

Name of person interested in ministry above: _____

Spiritual Enrichment

- Adoration Chapel
 Alpha
 Cursillo
 Legion of Mary
 Marriage Enrichment/Date Night
 Marriage Preparation
 RCIA (Rite of Christian Initiation)
 Religious Ed & Youth Ministry
 Scripture Study
 Other: _____

Name of person interested in ministry above: _____

Parish Life

- Assyrian Catholic Community
 Bingo
 Fiesta
 Greeters
 ICF (Italian Catholic Federation)
 Knights of Columbus
 Ladies League
 Men's Club
 MCO (Mexican Catholic Organization)
 Prayer Shawl Ministry
 St. Vincent De Paul
 Other: _____

Name of person interested in ministry above: _____

Are there any members in your household who would like to be visited by a priest? _____