



Welcome to Our Parish

St. Elizabeth Parishioner Registration Form

Please Print Clearly

Please complete and return to: St. Elizabeth Parish, 449 Holyoke St., San Francisco, Ca. 94134

If you have questions, please contact St. Elizabeth Parish Office at 415-468-0820

FIRST PERSON

Last Name _____ First Name _____

Street Address _____ Apt. No _____

City/State/ Zip Code _____

Home Phone () _____ Work Phone () _____

Date of Birth _____ Sex _____ Marital Status _____

Occupation _____ Year I joined St. Elizabeth _____

I have been: Baptized _____ Confirmed _____ Religion _____

SPOUSE

Last Name _____ First Name _____

Street Address _____ Apt. No _____

City/State/Zip Code: _____

Home Phone () _____ Work Phone () _____

Date of Birth _____ Sex _____ Marital Status _____

Occupation _____ Year I joined St. Elizabeth _____

I have been: Baptized _____ Confirmed _____ Religion _____

Would you like to use envelopes for your church donations? Yes _____ No _____

I am new to the parish

I have been in the parish for a while, but am just registering now.

OTHER FAMILY MEMBERS

Last Name _____ First Name _____

Relationship to First Person _____

Home Phone () _____ Work Phone () _____

Date of Birth _____ Sex _____ Marital Status _____

Occupation or School Attending _____

I have been: Baptized _____ Confirmed _____ Religion _____

Last Name _____ First Name _____

Relationship to First Person _____

Home Phone () _____ Work Phone () _____

Date of Birth _____ Sex _____ Marital Status _____

Occupation or School Attending _____

I have been: Baptized _____ Confirmed _____ Religion _____

Last Name _____ First Name _____

Relationship to First Person _____

Home Phone () _____ Work Phone () _____

Date of Birth _____ Sex _____ Marital Status _____

Occupation or School Attending _____

I have been: Baptized _____ Confirmed _____ Religion _____

Other members: _____
