

Saint Bruno's Catholic Church – Registration Form

ALL THIS INFORMATION WILL BE STRICTLY CONFIDENTIAL
FOR EXCLUSIVE USE OF THE CHURCH

Envelope Number:
(For Church Use Only)

Family Name: _____ Date: ___ / ___ / _____ Home Telephone Number: (___) ___ - _____

Home Address: _____ City: _____ ZIP Code: _____
Street Address Apt. #

Ethnic Background: _____ Years in this Parish: _____ Married: _____ Single: _____ Widowed: _____

I would like to receive weekly offering envelopes for my contribution to our Church. Yes: _____ No: _____ (please check Yes or No)

List only those living with you (Include Last Name if different)	Date of Birth	Country of Birth	Religion	Baptised Yes / No	1 st Comm. Yes / No	Confirmed Yes / No	Mass Attendance	Church Involvement	School, Occupation, Homebound
Husband:									
Wife:									
Children:									
Others living with you (how related?)									

Please return this Registration Form to: **Saint Bruno Catholic Church, 555 West San Bruno Avenue, San Bruno, CA 94066-3528**