

Please print out this form, fill it in, and bring or mail it to the address below.
You also may place it in the collection basket.



ST. JOHN OF GOD

1290 Fifth Avenue, San Francisco, CA 94122

INFORMATION FORM

[PLEASE PRINT CLEARLY]

ALL ARE WELCOME

TODAY'S DATE: _____

◇ NEW PARISHIONER

◇ RENEWAL

◇ UPDATE/CORRECTION

THE INFORMATION YOU PROVIDE IS FOR OFFICE USE ONLY AND WILL NOT BE SHARED UNLESS OTHERWISE DIRECTED.

ST. JOHN OF GOD PUBLISHES A **PEOPLE FINDER** LISTING COMMUNITY MEMBERS' NAMES, ADDRESSES, TELEPHONE NUMBERS AND E-MAIL ADDRESSES. YOU ARE WELCOME TO OPT OUT OF BEING LISTED IN THE PEOPLE FINDER OR TO EXCLUDE SPECIFIC ITEMS OF INFORMATION BY PUTTING A CHECK MARK BEFORE THE ITEM (ONLY ITEMS ON THE FRONT PAGE OF THIS FORM ARE INCLUDED IN THE PEOPLE FINDER).

◇ **Yes, LIST IN PEOPLE FINDER EXCEPT AS MARKED BELOW** ◇ **No, I DO NOT WISH TO BE INCLUDED IN THE PEOPLE FINDER**

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET)

(CITY/STATE/ZIP CODE) (HOME TELEPHONE)

WORK NUMBER: _____; CELL NUMBER: _____; EMAIL: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

WORK NUMBER: _____; CELL NUMBER: _____; EMAIL: _____

NAMES OF CHILDREN (INCLUDE LAST NAMES IF HOUSEHOLD HAS MULTIPLE LAST NAMES):

CONTINUED ON BACK

(OPTIONAL)

OTHER PERSONAL DATA: THIS INFORMATION HELPS US TO KNOW OUR MEMBERS, IT IS NOT MANDATORY. PLEASE PROVIDE THE INFORMATION IF YOU ARE COMFORTABLE DOING SO.

For items requiring dates, please provide Month/Date/Year, if possible.

	NAME:	BAPTISM:		FIRST COMMUNION:	CONFIRMATION:
		DATE:	CHURCH NAME:		
Head of Household				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Spouse / Partner				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

CHILDREN (LIVING AT HOME)

FIRST NAME, AND LAST (if different)	GENDER	DATE OF BIRTH	BAPTISM		FIRST COMMUNION	CONFIRMED	SCHOOL & GRADE LEVEL
			DATE:	CHURCH NAME			
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

I AM OVER 18 YEARS OLD AND WISH TO COMPLETE THE SACRAMENTS OF INITIATION:
_____ 1ST COMMUNION _____ CONFIRMATION _____ BOTH

I WISH TO ENROLL MY SCHOOL-AGED CHILDREN IN YOUTH RELIGIOUS EDUCATION (YRE) IN THE FALL.

SPECIAL NEEDS OR CONCERNS: _____

INTEREST IN A ST. JOHN OF GOD MINISTRY

After completing, place in an envelope, seal and drop in the Sunday collection, the parish office or mail to the address listed above.

Welcome to the St. John of God Community.