

Please print this form. You may bring the completed form to the Parish Office, mail it or fax it. Thank you.

Registration Date: _____

SAINT JUSTIN PARISH

Family Registration

2655 Homestead Road, Santa Clara 95051 Phone: (408) 296-1193; Fax: (408) 244-9437

Last Name: _____ First Name(s): _____

Mailing Name (i.e., Mr. & Mrs. John Doe): _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Area Code: _____ Home Phone: _____ Emergency Phone: _____

Family Email: _____

Please check schedule of Sunday envelopes you wish to receive:

_____ Weekly; _____ Monthly; _____ Automatic Deposit

Envelope # [for Office Entry:] _____

Individual Member Information

Person 1

Person 2

Parish Status: (Active
Inactive)

Role: (Head of House,
Husband, Wife)

First Name/Nick Name

Gender

Date/Place of Birth
(mm/dd/yyyy)

Email

Work/Cell Phone

First Language

Occupation/Employer

Sacraments:
Please check box of
sacraments received
and date, if possible

Marriage Status
(Married/Single)

Maiden Name

_____/_____/_____

___ Male ___ Female

_____/_____/_____

___ Baptism ___ Catholic
Date: _____

___ Reconciliation; Date _____

___ Confirmation; Date _____

___ First Eucharist; Date _____

_____/_____/_____

___ Male ___ Female

_____/_____/_____

Baptism ___ Catholic
Date: _____

___ Reconciliation; Date _____

___ Confirmation; Date _____

___ First Eucharist; Date _____

Dependent Children or Addition Members of the Household

Person 3

Person 4

Relationship to Head of House: daughter, son, mother, father

First Name

Last Name

Gender

_____ Male _____ Female

Date of Birth (mm/dd/yyyy)

Place of Birth

School

First Language

High School Grad Year

Sacraments:

Please check box of sacraments received and date, if possible

___ Baptism ___ Catholic
Date: _____

___ Reconciliation; Date _____

___ Confirmation; Date _____

___ First Eucharist; Date _____

_____ Male _____ Female

___ Baptism ___ Catholic
Date: _____

___ Reconciliation; Date _____

___ Confirmation; Date _____

___ First Eucharist; Date _____

Person 5

Person 6

Relationship to Head of House: daughter, son, mother, father

First Name

Last Name

Gender

_____ Male _____ Female

Date of Birth (mm/dd/yyyy)

Place of Birth

School

First Language

High School Grad Year

Sacraments:

Please check box of sacraments received and date, if possible

___ Baptism ___ Catholic
Date: _____

___ Reconciliation; Date _____

___ Confirmation; Date _____

___ First Eucharist; Date _____

_____ Male _____ Female

___ Baptism ___ Catholic
Date: _____

___ Reconciliation; Date _____

___ Confirmation; Date _____

___ First Eucharist; Date _____