

REGISTRATION FORM

St. Apollinaris Catholic Church

3700 Lassen Street, Napa, CA 94558

(707) 257-2555 Website: www.stapollinarisparish.org

Date: / /

Office Use Only

REG/ENV# _____

Flock note _____

FAMILY LAST NAME:

Primary Contact Name:

Date of Birth:

Address:

City:

State:

Zip Code:

Phone/Cell #:

Mailing Name:

(John & Sue Doe)

Alt Phone/Cell #:

E-mail Husband:

E-mail Wife:

Members of the Household

Name, First & Middle (last only if different from above)	Date of Birth M/D/YR	M/F	Marital Status	Occupation & Employer or School & Grade	Religion (If not Catholic)	Baptism	Eucharist	Confirmation

Would you like to receive envelopes? (please check one) Yes _____ No _____

Would you like to receive our bulletin and updates electronically each week? Yes _____ No _____

If yes what is your email address for our FlockNote notifications? _____

For Office Use only:

Date Received: _____ Date Entered: _____