St. Frances X. Cabrini Catholic Church; Yucaipa, CA.

General Information: Today's Date: _____

Last name (for household)_____ First name/s _____

Mailing Address _____ City, State, Zip Code _____

Email (this info. is kept for church records only) _____ Telephone#_____

Alternate phone/s # _____ I prefer written correspondence in _____ (what language)

(please circle or write in salutation preferred)

Mr &Mrs / Mr. / Ms. / Mrs. / First names of couple _____ / Other _____

Married _____ Single _____ Widowed _____ Separated _____ Divorced _____

I/We would like to use envelopes Yes _____ No _____ (office use only) PARISHIONER # _____

I would like information on: _____

I/We would like to volunteer for _____ (ministry)

Member Information: (please list all members living in home)

Complete Name	Birthdate	Baptized Y/N	Communion Y/N	Confirmation Y/N	Marriage Y/N	Grade (if in school)	Occupation	Religion