

**REGISTRATION CARD – MISSION BASILICA SAN DIEGO DE ALCALÁ** Date: \_\_\_\_\_ Parishioner Since \_\_\_\_\_

SURNAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ UNLISTED YES/NO (CIRCLE ONE)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

MARITAL STATUS: SINGLE MARRIED WIDOWED SEPARATED DIVORCED (CIRCLE ONE)

DO YOU WISH TO USE ENVELOPES? YES NO (CIRCLE ONE) EMAIL ADDRESS: \_\_\_\_\_

|                                    | CIRCLE ONE<br>MR. DR. | CIRCLE ONE<br>MISS MS. MRS. DR. | CHILD | CHILD | CHILD | CHILD/OTHER |
|------------------------------------|-----------------------|---------------------------------|-------|-------|-------|-------------|
| FIRST NAME                         |                       |                                 |       |       |       |             |
| LAST NAME OF CHILD IF DIFFERENT    |                       |                                 |       |       |       |             |
| RELIGION                           |                       |                                 |       |       |       |             |
| BUSINESS PHONE                     |                       |                                 |       |       |       |             |
| OCCUPATION                         |                       |                                 |       |       |       |             |
| SCHOOL                             |                       |                                 |       |       |       |             |
| LANGUAGES SPOKEN                   |                       |                                 |       |       |       |             |
| GENDER                             |                       |                                 |       |       |       |             |
| BIRTH DATE (MO/DA/YR)              |                       |                                 |       |       |       |             |
| BAPTIZED                           | (Y) (N)               |                                 |       |       |       |             |
| FIRST RECONCILIATION               | (Y) (N)               |                                 |       |       |       |             |
| FIRST COMMUNION                    | (Y) (N)               |                                 |       |       |       |             |
| CONFIRMATION                       | (Y) (N)               |                                 |       |       |       |             |
| MARRIED IN CATHOLIC CHURCH (Y) (N) |                       |                                 |       |       |       |             |

IMPORTANT: PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THE FORM, FOR CHURCH RECORDS.

THIS IS A CONFIDENTIAL REGISTRATION FORM. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE FOR PASTORAL USE ONLY.

IF YOU ARE PRESENTLY INVOLVED (INDICATE SO BY A CHECK MARK) OR IF YOU ARE INTERESTED IN ANY OF THE FOLLOWING, PLEASE INDICATE BY FIRST NAME.

**MINISTERS OF LITURGY**

LECTOR \_\_\_\_\_ ALTAR SERVER (NAME & GRADE) \_\_\_\_\_

USHER \_\_\_\_\_ CANTOR \_\_\_\_\_

BEREAVEMENT MINISTRY \_\_\_\_\_ VISITATION OF SICK AND HOMEBOUND \_\_\_\_\_

MUSIC: MISSION CHOIR \_\_\_\_\_ FOLK CHOIR \_\_\_\_\_ YOUTH CHOIR \_\_\_\_\_

**PARISH ORGANIZATIONS**

HOLY NAME FOR MEN & WOMEN \_\_\_\_\_ MISSION-AIRES (OVER 50 GROUP) \_\_\_\_\_

HISTORICAL SOCIETY \_\_\_\_\_ YOUNG MISSION-AIRES (OVER 35) \_\_\_\_\_

YOUTH GROUP \_\_\_\_\_ YOUNG ADULT GROUP (18-35, SINGLE & MARRIED) \_\_\_\_\_

**HOSPITALITY**

WEDDING COORDINATOR \_\_\_\_\_ DOCENT/MISSION TOUR GUIDE \_\_\_\_\_

GIFT SHOP/VISITOR'S CENTER \_\_\_\_\_ FIESTA \_\_\_\_\_

**ARE YOU INTERESTED IN HELPING OR BEING INVOLVED IN:**

RELIGIOUS EDUCATION: TEACHER \_\_\_\_\_ AIDE \_\_\_\_\_ OFFICE HELP \_\_\_\_\_

CENTERING PRAYER \_\_\_\_\_ MARRIAGE ENCOUNTER \_\_\_\_\_

MARRIAGE PREPARATION MINISTRY \_\_\_\_\_ CURSILLO \_\_\_\_\_ KNIGHTS OF COLUMBUS \_\_\_\_\_

**CHILDREN PROGRAMS/RELIGIOUS EDUCATION**

PRE-SCHOOL \_\_\_\_\_ ELEMENTARY \_\_\_\_\_

JUNIOR HIGH \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

**ARE YOU OR A MEMBER OF YOUR FAMILY INTERESTED IN RECEIVING THE SACRAMENTS OF:**

BAPTISM \_\_\_\_\_ FIRST RECONCILIATION \_\_\_\_\_

FIRST COMMUNION \_\_\_\_\_ CONFIRMATION \_\_\_\_\_

MARRIAGE (CHURCH) \_\_\_\_\_ ANOINTING OF THE SICK \_\_\_\_\_

R.C.I.A. (PROCESS FOR CONVERTS) \_\_\_\_\_ R.C.I.A. (CONVERT SPONSOR) \_\_\_\_\_