St. Paul the Apostle Community Registration Form

10750 Ohio Avenue, Los Angeles, CA 90024
310-474-1527 (fax) 310-474-2897
Parish E-Mail: parishoffice@sp-apostle.org

PRIMARY CONTACT Information

_____
phone number (h) (w) ©

_____
Primary e-mail address

Today's Date:_____

Head of Household Name*

_____
last first middle male / female (circle one)

Address _____
street apt. # city state zip

Occupation _____ Religion _____ Date of Birth _____

☐ single ☐ engaged ☐ married ☐ separated ☐ divorced ☐ widowed

Please indicate here exactly how you would like your envelopes to read: i.e. Mr. & Mrs. John Smith / Dr. Smith & Ms. Jones etc.
↳

☐ ***Check here if you <u>do not</u> wish to receive envelopes.***

☐ ***We now have the ability to collect your weekly offertory contributions by credit card. If interested, check here and information will be forwarded.***

Other adult member of your household (spouse/roommate) - Please complete the following:

Name _____
last first middle male/female (circle one)

Occupation _____ Religion _____ Date of Birth _____

Dependent children (or others) living at this address:

last name	first name	gender m	gender f	date of birth (m/d/y)	religion	If Catholic check all that apply: Baptized? yes	Baptized? no	1st Eucharist? yes	1st Eucharist? no	Confirmed? yes	Confirmed? no