

ST. RAPHAEL'S CHURCH
 5444 HOLLISTER AVENUE
 SANTA BARBARA, CA 93111

Family Name _____ Date Registered: _____ HHID

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone No. _____ and/or _____ Email Address _____

Sunday Envelopes Number *(to be assigned)*

List only those individuals living with you (including yourself)

Relationship	Last Name	First Name	Middle Name	Birthdate	Religion	Baptized	1st Communion	Confirmed	Marital Status	Married in a Catholic Church	Date of Marriage	Occupation or School	Comments
Head of Household													
Spouse													

Would you like to receive information or being contacted about membership in any Parish Ministry or Organization? (circle or underline activity)
(Liturgical Ministries: Choir, Ushers, Eucharistic Ministers, Altar Servers, Bereavement, Hospital/Home Visitation)
(Religious Educator: Early Childhood Education, Liturgy of Word for Children, Tobiah Club (Jr. High), Life Teen (High School), Confirmation, Religious Education)
(Adult Educator: Bible Study, Spanish Bible Study, Word of Life, Charismatic Prayer Groups, Marriage Encounter, Family Sharing)
(Others: Knights of Columbus, Women's Auxiliary, Guadalupanos, Boy Scouts, Cub Scouts, Girl Scouts, Brownies, Young Adults, St. Vincent de Paul Society)
 Please list any other Ministries or Organizations you might be interested in.

What Mass do you normally attend? Vigil 7:30 am 9:30 am 11:00 am 12:30 pm 5:30 pm Please circle

If anyone is homebound or requires disability assistance, please indicate this information in the comment block for that individual.