

St Apollinaris Catholic Church

Office: 3700 Lassen Street, Napa, Ca 94558

Fax 707-257-3552 Website: www.stapollinaris.org

REGISTRATION FORM

OFFICE USE ONLY #()

Family (Last) Name	Mailing Address	City	State CA	ZIP
Address (if different from mailing address)		Home Phone	Work Phone	Work Phone

Email Husband	E-mail Wife
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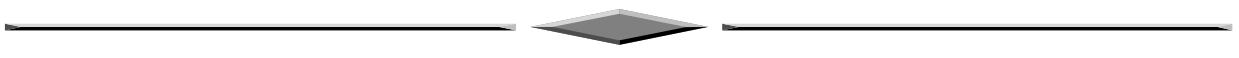
Parish of Previous Registration (Church Name & Location)

Members of the Household

Name, first & middle; last only if different from above:	Date of Birth	M/ F	Marital Status	Occupation & Employer or School & Grade	Religion (if not Catholic)

Check Sacraments Received (Please also show in each box the date each Sacrament was received, if known)

Name	Baptism	Reconciliation	Communion	Confirmation	Catholic Marriage



DO YOU WISH TO RECEIVE CONTRIBUTION ENVELOPES YES ___ NO ___

Do you have any special needs or situations that you wish to call to our attention? Please indicate below. Or, if you prefer, just place a "check mark" [✓] here: _____ and we will contact you personally.

If you have not done so, please inform your former parish immediately that you are no longer members there.