

ST. RAYMOND CHURCH
1100 Santa Cruz Avenue
Menlo Park, CA 94025
(650) 323-1755; (650) 323-3206 – Fax

Dear Prospective Parishioner,

We thank you for your consideration! Please feel free to fill out our Internet version of the Parishioner Registration Form. You may mail it to the St. Raymond Parish Center at the above address, or fax it to us at 650-323-3206.

Finally, I look forward to meeting with you. Please call me at (415) 571-3902. It is a great joy to have you with us.

Fr. William Myers
Administrator

ST. RAYMOND CHURCH
1100 Santa Cruz Avenue, Menlo Park, CA 94025
(650) 323-1755 (650) 323-3206 – Fax

Parish Registration Form

PLEASE PRINT

ALL RECORDS KEPT STRICTLY CONFIDENTIAL

Last Name: _____

Mailing Address: _____

City: _____ Zip: _____ Telephone: _____

MONTHLY ___ or **WEEKLY Envelopes?** ___ **NONE, thank you** ___

As a help to us, request envelopes only if you plan to use them. Thank you.

E-Contributions– For information please log on to;

<http://www.straymondmp.org/econtributions.html>

Single ___ Widow(er) ___ Separated ___ Divorced ___

Married -If married, was it conducted in the Catholic Church? Yes ___ No ___ Date: _____

Desired Title(s): Mr. ___ Ms. ___ **Mr. & Mrs.** ___ Mrs. ___ Dr. ___ **Dr. & Mrs.** ___ **Dr. & Dr.** ___

Please choose one for proper mailing. Thank you.

First Name: _____ Last name if applied: _____

Birth date: _____ Religion: _____

Occupation: _____ Company & City: _____

Skills and Talents you would be willing to contribute: _____

First Name Of Spouse: _____ Last name if applied: _____

Birth date: _____ Religion: _____

Occupation: _____ Company & City: _____

Skills and Talents you would be willing to contribute: _____

(Office Use Only:) Envelope No. _____

ST. RAYMOND CHURCH
1100 Santa Cruz Avenue
Menlo Park, CA 94025
(650) 323-1755; (650) 323-3206 – Fax

Date: _____

Name: _____ Phone: _____

Address: _____

=====

Please check organizations you might be interested in joining or assisting:

Lectors _____

Confirmation Program _____

Eucharistic Ministers _____

Altar Ministers _____

Choir _____

St. Vincent de Paul _____

Liturgy of The Word For Children _____

Legion Of Mary _____

School of Religion _____

Donuts & Coffee Volunteers _____

Liturgy Committee _____

Other: _____

Please list **any people other than** those listed on Registration Form and/or Children in the Household Form who live at your address:

Name: _____ Denomination: Catholic _____ Other _____
(Other than spouse and children)

Name: _____ Denomination: Catholic _____ Other _____
(Other than spouse and children)

Ill people or those unable to attend Mass living at your address:

Name: _____

Name: _____

