

The Parish Community of St. Mary Magdalene depends on the support of its members sharing their God-given time, talent, and treasure.

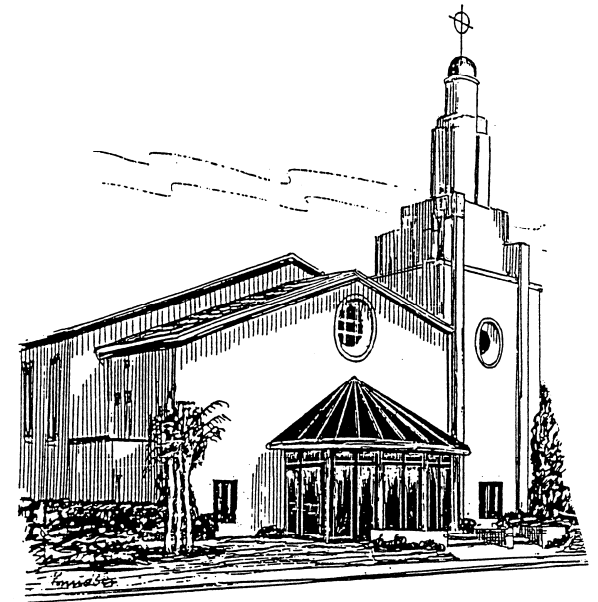
Please indicate below any needs that you might have or desire to volunteer in the following parish ministries and programs:

| <u>Ministry</u> | <u>Have Needs</u> | <u>Have Interest</u> |
|----------------------------|-------------------|----------------------|
| Administration: | | |
| Office Help | | _____ |
| Community Building: | | |
| Coffee & Donuts | | _____ |
| Mom's Catholic Book Study | | _____ |
| Scouts (various) | | _____ |
| Education: | | |
| Adult Education | _____ | _____ |
| Bible Study | | _____ |
| CCD (Rel. Ed.) | _____ | _____ |
| R.C.I.A. | _____ | _____ |
| Sacraments - | | |
| Baptism | _____ | _____ |
| Confirmation | _____ | _____ |
| Eucharist | _____ | _____ |
| Marriage | _____ | _____ |
| Penance | _____ | _____ |
| School | _____ | _____ |
| Youth Ministry | _____ | _____ |
| (Jr High/High School) | | _____ |

| <u>Ministry</u> | <u>Have Needs</u> | <u>Have Interest</u> |
|-------------------------------|-------------------|----------------------|
| Liturgy & Worship: | | |
| Altar Servers | | _____ |
| Cenacle Group | | _____ |
| Children's Liturgy | _____ | _____ |
| Church Cleaners | | _____ |
| Communion to the Sick | _____ | _____ |
| Eucharistic Ministers | | _____ |
| Lectors | | _____ |
| Music Ministry: | | |
| Traditional Choir | | _____ |
| (S A T B) | | _____ |
| Resurrection Chorale | | _____ |
| Children's Choir | | _____ |
| Instrumentalist | | _____ |
| Instrument: _____ | | _____ |
| Contemporary Choir | | _____ |
| Rosary Makers | | _____ |
| Sacristans | | _____ |
| Ushers & Greeters | | _____ |
| Social Outreach: | | |
| Bereavement | | _____ |
| CCSA | | _____ |
| Behavioral Health | _____ | _____ |
| Prayer Network | _____ | _____ |

Are there other needs you may have or are there other ways in which you would like to be involved in our Parish Community?

The Church of St. Mary Magdalene



**1945 Illion Street
San Diego, Ca. 92110
(619) 276-1041
Fax (619) 276-0144**

PARISH REGISTRATION FORM

This information will be held in strictest confidence and is for pastoral use only. If you have any questions or special concerns in regards to this form, please call the Parish Office at (619) 276-1041.

Please complete this form and either drop it in the collection basket at Mass, bring it into the Parish Office, or drop it in the mail.

FAMILY NAME : _____

Street Address: _____ Apt #: _____

City / State / Zip: _____ Phone: _____

His Cell: _____ Her Cell: _____

His Email Address: _____

Her Email Address: _____

FOR OFFICE USE ONLY

Family ID# _____

Registry Date _____

MARITAL STATUS (Please circle one)

Married Single Divorced Separated Widowed

If married, did marriage take place in a Catholic Church? Yes or No

Wife's Maiden Name: _____

MEMBER INFORMATION

| | HEAD OF HOUSEHOLD | SPOUSE | CHILD | CHILD | CHILD | CHILD | OTHER ADULTS IN HOUSEHOLD |
|----------------|-------------------|--------|-------|-------|-------|-------|---------------------------|
| FIRST NAME | | | | | | | |
| MIDDLE INITIAL | | | | | | | |
| RELIGION | | | | | | | |
| OCCUPATION | | | | | | | |
| SEX | | | | | | | |
| DATE OF BIRTH | | | | | | | |

SACRAMENTS RECEIVED

PLEASE INDICATE YES OR NO - INCLUDE DATE OR YEAR IF KNOWN

| | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|
| BAPTISM | | | | | | | |
| EUCCHARIST | | | | | | | |
| CONFIRMATION | | | | | | | |
| MATRIMONY | | | | | | | |
| 1 ST RECONCILIATION | | | | | | | |

Please fill out **COMPLETELY**. If you need more room for additional family members, please use additional sheet of paper

(CONTINUE ON REVERSE)