

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

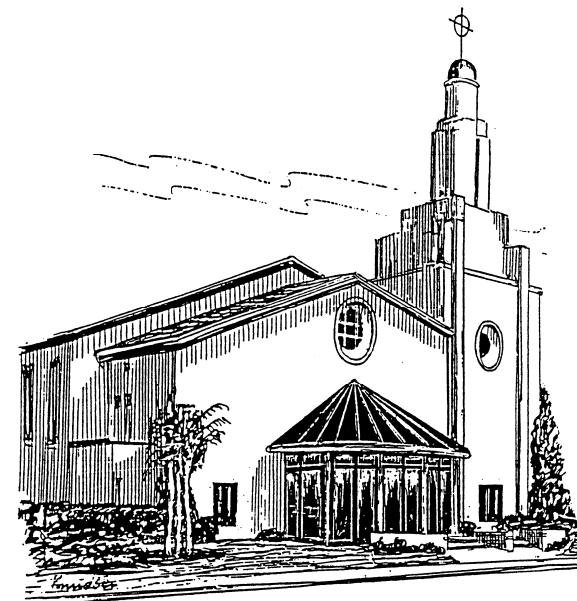
Please indicate below any needs that you might have or desire to volunteer in the following parish ministries and programs:

<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		_____
(<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>)		
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: _____
 E-mail Address: _____ Husband - Cell Phone: _____
 Wife - Cell Phone: _____

<u>FOR OFFICE USE ONLY</u>	
Family ID #	_____
Registry Date	_____

MARITAL STATUS (PLEASE CIRCLE ONE):
 Married Single Divorced Separated Widowed
 If married, did the marriage take place in the Catholic Church? Yes or No
 WIFE'S MAIDEN NAME: _____

Church Attendance: Regular Occasional Seldom

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 Y (YES) OR N (NO) - INCLUDE DATES IF KNOWN					
BAPTISM							
EUCCHARIST							
CONFIRMATION							
MATRIMONY							
1ST PENANCE							