

**ST DENIS AND OUR LADY OF THE WAYSIDE
REGISTRATION FORM**

LAST NAME _____

ADDRESS (include Apt.#) _____

CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

MARITAL STATUS: MARRIED _____ SINGLE _____

MALE

FEMALE

FIRST NAME _____

MAIDEN NAME _____

USE HUSBAND'S LAST NAME YES _____ NO _____

DATE OF BIRTH _____

RELIGION _____

OCCUPATION _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

DONATION TO CHURCH: Will use: Envelopes _____ EFT _____ Credit Card _____

COMPLETE THE FOLLOWING FOR CHILDREN LIVING AT HOME

Name Date of Birth Baptism 1st Communion Confirmation

(please use reverse side if necessary)

UNDER WHICH CHURCH DO YOU WISH TO REGISTER?

_____ St. Denis Church _____ Our Lady of the Wayside

**DROP THE COMPLETED FORM IN THE COLLECTION BASKET OR MAIL TO
ST DENIS PARISH OFFICE, 2250 AVY AVE, MENLO PARK, CA 94025**