St. Paul the Apostle Community Registration Form

10750 Ohio Avenue, Los Angeles, CA 90024
310-474-1527 (fax) 310-474-2897
Parish E-Mail: parishoffice@sp-apostle.org

Today's Date:_____

PRIMARY CONTACT Information

_____
phone number (h) (w) ©

_____
Primary e-mail address

Head of Household Name* _____ Male _____
last first middle male / female (circle one)

Address _____
street apt. # city state zip

Occupation _____ Religion _____ Date of Birth _____

☐ single ☐ engaged ☐ married ☐ separated ☐ divorced ☐ widowed

Please indicate how you would like correspondence to read: i.e. Mr. & Mrs. John Smith / Dr. Smith & Ms. Jones etc.
↳

☐ ***Check to receive pre-printed donation envelopes.***

☐ ***To donate electronically - use the support button on top right of our website www.sp-apostle.org***

Additional adult member of your household - Please complete the following:

Name _____ Male _____
last first middle male/female (circle one)

Occupation _____ Religion _____ Date of Birth _____

Dependent children (or others) living at this address:

last name	first name	gender m f	date of birth (m/d/y)	religion	If Catholic check all that apply: Baptized? yes	Baptized? no	1st Eucharist? yes	1st Eucharist? no	Confirmed? yes	Confirmed? no
		Male								
		Male								
		Male								
		Male								