

Welcome to Resurrection Parish Community

Physical Address: 7600 Soquel Drive, Aptos Mailing Address: PO Box 87, Aptos, CA 95001 (831) 688-4300
E-Mail: resurrection@resaptos.org

Registration Form

FAMILY NAME: _____

Mailing/Street Address: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: Land or Cell _____

SINGLE MARRIED (Wedding Date: _____ Where? _____ (church, city, state)
WIDOW/ER SEPARATED DIVORCED

MY NAME: _____ Date of Birth: _____ Religion: _____

Email Address: _____ Cell Phone: _____

Baptized? Yes No 1st Eucharist? Yes No 1st Reconciliation? Yes No Confirmation? Yes No

Occupation: _____ Employer: _____

SPOUSE: _____ Date of Birth: _____ Religion: _____

Email Address: _____ Cell Phone: _____

Baptized? Yes No 1st Eucharist? Yes No 1st Reconciliation? Yes No Confirmation? Yes No

Occupation: _____ Employer: _____

Do you wish to receive weekly contribution envelopes? Yes No

Do you want information on electronic giving? Yes No

CHILDREN (at home):

NAME: _____ Date of Birth: _____ School: _____ Grade: _____
Baptized? Yes No 1st Eucharist? Yes No 1st Reconciliation? Yes No Confirmation? Yes No

NAME: _____ Date of Birth: _____ School: _____ Grade: _____
Baptized? Yes No 1st Eucharist? Yes No 1st Reconciliation? Yes No Confirmation? Yes No

NAME: _____ Date of Birth: _____ School: _____ Grade: _____
Baptized? Yes No 1st Eucharist? Yes No 1st Reconciliation? Yes No Confirmation? Yes No

NAME: _____ Date of Birth: _____ School: _____ Grade: _____
Baptized? Yes No 1st Eucharist? Yes No 1st Reconciliation? Yes No Confirmation? Yes No

NAME: _____ Date of Birth: _____ School: _____ Grade: _____
Baptized? Yes No 1st Eucharist? Yes No 1st Reconciliation? Yes No Confirmation? Yes No

ADDITIONAL COMMENTS:

Office Use ONLY: Date: _____ ID# _____ PDS Cath WL iContact Initialed by: _____