

*** START HERE ***

Family Information

Mailing Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Family Email _____

What is the primary language spoken in your household?

Providing financial support to my parish:

_____ I would like weekly offering envelopes

_____ I would like information about making automated monthly donations.

Would you like information about:

_____ Saint Raphael Preschool

_____ Saint Raphael School (K-8)

_____ Saint Raphael Parish School of Religion (K-8)

What liturgies do you attend most often? (select one or more)

_____ Daily _____ Saturday 5:00pm _____ 7:30am

_____ 9:00am (English) _____ 9:00am (Vietnamese)

_____ 10:30am (Church) _____ 10:30am (St. Sylvester)

_____ 12:00pm (Spanish) _____ 7:00pm (Spanish)

_____ 7:00pm (Brazilian) _____ 6:30pm (Haitian)

Please return completed form to:

Saint Raphael Church

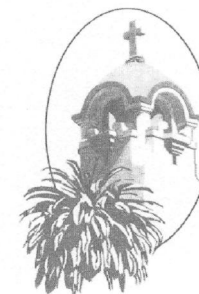
1104 Fifth Avenue

San Rafael, CA 94901

Fax: (415) 454-8193

To learn more about Saint Raphael Parish call us at (415) 454-8141 or visit our website at www.saintraphael.com

St. Raphael Church Parish Registration Form



Welcome! We are glad you have chosen to make our parish your new church community.

Please use this form to introduce yourself and help us to learn of your needs and interests.

