Guardian Angels Church Registration Form (Please print legibly)

MEMBER INFORMATION											
#Household Last Name							Office Use Only				
Address							Family ID#				
City, ST, Zip			Registration Date:								
Name	Relation		Personal Details				Sacramental History				
Name of each person who lives at this address. Write first name, last name, and middle initial for each person. Please print clearly	List Head of family first. Thennote the relationship of each person to the head of the family	Sex (F) Female (M) Male	Marital Status: S=never married M=married W=Widowed D=Divorced	Occupation	Birthdate (mm/dd/yy)	Religion	W=Caucasian H=Hispanic Am=Am Indian Af=African Am F=Filipino V=Vietnamese P=Pan Asian O=Other	Baptism Date or Y/N	First Eucharist Date or Y/N	Confirmation Date or Y/N	
	Head										
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Date of present marriage: Phone Owner	Church or Civil marriage? H=Home C= Cell		Maiden Name Phone Number		Marriage loca	tion, Church,	City & State:				
	3 53				Which Mass to you usually attend?						
					Standard Mas	sses: Sat. 5:0	00 PM 🖵 Sun. 8:30 Al	VI ☐ Sun. 10:0	OO AM 🔲 Sun	. 5:00 PM 🖵	
Email - Name of Recipient			Email Address								
					Would you like to receive offering envelopes? Yes ☐ No ☐ Electronic giving is available at: https://guardianangelssantee.weshareonline.org						
If you are related to other families at Guardian Angels, please list here:					Questions? Please contact: Guardian Angels Catholic Church: 9310 Dalehurst Rd. Santee, CA 92071 619-448-1213 office@guardianangelssantee.org						