



Welcome to St. Victor Parish

3108 Sierra Road, San Jose, Ca 95132
Parish Phone 408-251-7055 Parish Fax 408-251-5528
www.stvictor.org

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Receptionist/Registration
<input type="checkbox"/>	Acolyte and Raiser Edge
<input type="checkbox"/>	Pastor
<input type="checkbox"/>	ASF
<input type="checkbox"/>	Return to Receptionist
ID#	_____

TODAY'S DATE: REGISTRATION FORM

Last Name, First, Middle		Birth date: / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Marital status (circle one) Single / Married / Divorced / Separated / Widowed/ Other	
Mailing Address:				City:		State:		Zip Code:	
Email address:		Hm Wk		Home Phone: ()		Cell Phone: ()			
Preferred method of contact <input type="checkbox"/> email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone				Religion:		Please check if you have been <input type="checkbox"/> Baptized <input type="checkbox"/> Confirmed			
Occupation:		Employer:				Work phone: ()			
Are you willing to share the talents of your occupation with the parish if/when needed?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to join any Parish Organization? (See the bulletin or www.stvictor.org for the list of organizations).						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you like a parish paid subscription to the Valley Catholic, our monthly diocesan newspaper?						<input type="checkbox"/> Yes <input type="checkbox"/> No			

SPOUSE'S INFORMATION

Spouse's Last name, First, Middle		Birth date: / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
Mailing Address:				City:		State:		Zip Code:	
Email address:		Hm Wk		Home: ()		Cell: ()			
Preferred method of contact <input type="checkbox"/> email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone				Religion:		Please check if you have been <input type="checkbox"/> Baptized <input type="checkbox"/> Confirmed			
Occupation:		Employer:				Work phone: ()			
Are you willing to share the talents of your occupation with the parish if/when needed?						<input type="checkbox"/> Yes <input type="checkbox"/> No			

PARISH SUPPORT PLAN PREFERENCE

Weekly Envelopes Monthly Envelopes Preferred envelope salutation:

FAMILY INFORMATION

Child's First Name	Last Name	Sex	Date of Birth	Baptism	1 st Comm	Conf	CCM	School
		<input type="checkbox"/> M <input type="checkbox"/> F						
		<input type="checkbox"/> M <input type="checkbox"/> F						
		<input type="checkbox"/> M <input type="checkbox"/> F						
		<input type="checkbox"/> M <input type="checkbox"/> F						

ADDITIONAL INFORMATION

We Can Help the parish in the following way(s):

Note any parish organization(s) you wish to join:

Further Remarks:
